



# Paralegal Association of Central Ohio

## Mentor Application

Date: \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

e-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Paralegal Experience/  
Specialties \_\_\_\_\_

Years of Experience \_\_\_\_\_

Education \_\_\_\_\_

Certifications \_\_\_\_\_

Memberships \_\_\_\_\_

Have you been a mentor in the past? \_\_\_\_\_

If so, describe the experience: \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a mentor? \_\_\_\_\_

\_\_\_\_\_

Describe what attributes make you a good mentor? \_\_\_\_\_

\_\_\_\_\_

Are you willing to meeting with your mentee at least once a month? \_\_\_\_\_

The mentor should contact their mentee within two (2) weeks of assignment. If at any time that either the relationship is not working, or the mentor cannot commit to the time required to be a mentor, please notify the Mentoring Program Committee Chairperson.

The Mentoring Program can be a big success, if the mentor is committed and desires to advance the paralegal profession through the next generation of paralegals.

**Please e-mail completed Mentor Application, together with a copy of your resume, to the Mentoring Program Chairperson at [mentor@pacoparalegals.org](mailto:mentor@pacoparalegals.org)**