



**ATLANTIC COUNTY BAR ASSOCIATION  
MENTORING PROGRAM**

**MENTOR APPLICATION & QUESTIONNAIRE**

1. Name: \_\_\_\_\_
  2. Law Firm/Office (if applicable): \_\_\_\_\_
  3. Current Position in Firm/Office (partner, associate, etc.): \_\_\_\_\_
  4. Office Address: \_\_\_\_\_
  5. Telephone Number: \_\_\_\_\_
  6. Email Address: \_\_\_\_\_
  7. Current Residence (name of town, only): \_\_\_\_\_
  8. How many years have you been practicing law? \_\_\_\_\_
  9. If you specialize or intend to specialize in any area of the law, please list all areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  10. Has your license to practice law in any state ever been revoked?      YES      NO
  11. Has your license to practice law in any state ever been suspended?      YES      NO
  12. Are you currently a member of the Atlantic County Bar Association?      YES      NO
- \*If you are not currently a member, please contact the ACBA Executive Director, Tamara Lamb, at [tamara.lamb@atcobar.org](mailto:tamara.lamb@atcobar.org) to find out how to join today!***
13. College and Year of Graduation: \_\_\_\_\_
  14. Interests and Hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  15. What are your goals, if any, for the Mentor/Mentee Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other comments or concerns:**