MENTORSHIP PROGRAM
MENTEE CHECKLIST

Before you submit your Mentee Application, please complete this checklist to confirm that you have completed all necessary steps to be considered for the Santa Cruz County Bar Association Mentorship Program.

Complete and attach the following:

☐ I have read the Mentee Guidelines.

☐ I have completed the Mentee Application.

☐ I have completed the Mentee Participation Agreement.

After completing the foregoing checklist, mail with the requested enclosures to:

Santa Cruz County Bar Association
ATTN: Mentorship Committee
340 Soquel Ave., Ste. 209
Santa Cruz, CA 95062

Failure to provide all required forms and other documentation may cause a delay in processing your application.

Mentee Signature: ___________________________ Date: ____________
MENTORSHIP PROGRAM
MENTEE GUIDELINES

Requirements For Mentees

- Licensed member of the State Bar of California;
- Santa Cruz County Bar Association (SCCBA) Member;
- Read and be familiar with the SCCBA Standards for Professionalism and Civility Among Attorneys;
- Practiced for fewer than five (5) years; or as approved by Mentorship Committee.
- Approved by the SCCBA Mentoring Committee;
- No record of discipline with the State Bar of California (subject to the discretion of the SCCBA Mentoring Committee);
- Commit to a one-year program;
- Complete the SCCBA Mentee Application;
- Complete the SCCBA Mentorship Program Mentee Participation Agreement.

Restrictions on the Mentor - Mentee Relationship

- Mentors serve on a voluntary basis. Mentees should use discretion in communicating with their mentor by telephone and email and should not engage their mentor in prolonged discussions or repeated email correspondence.
- Mentee shall treat all communications with their mentor as confidential, but should understand that such communications may not be privileged;
- Mentees shall not substitute information obtained from their mentor for their own judgment or legal opinions, nor otherwise rely upon information from their mentor in performing their duties and obligations to their clients.

Suggestions for Being a Successful Mentee

- Listen;
- Be ready with questions for your mentor;
- Allow your mentor to “shadow” you in court or other legal proceedings;
- Make your assistant aware that you are participating in the SCCBA Mentoring Program and give your assistant the name of your mentor so that the mentor’s telephone calls and other communications will be easily identified and treated accordingly;
- Honor scheduled meetings if at all possible.
MENTORSHIP PROGRAM
MENTEE PARTICIPATION AGREEMENT

I _________________________________ (“Mentee”) agree to participate in the Mentorship Program conducted by the Santa Cruz County Bar Association (the “SCCBA”). The purpose of the Mentorship Program, as fully described in the Protégé Guidelines that I acknowledge having received by signing below, is to provide me with an educational and professional development resource only.

I understand that, although my mentor is engaged in the practice of law, my mentor will not render any legal or professional advice to me or to any of my clients. Any information provided to me by my mentor is not intended to deal with any particular legal problem and I agree that it will not be relied upon by me as such.

I AGREE THAT THE INFORMATION I RECEIVE IN THE COURSE OF THE MENTORING RELATIONSHIP WILL NOT BE RELIED UPON BY ME AS A SUBSTITUTE FOR MY OWN JUDGMENT OR LEGAL OPINIONS, AND THAT I WILL NOT OTHERWISE RELY UPON ANY INFORMATION OBTAINED FROM MY MENTOR IN PERFORMING MY DUTIES AND OBLIGATIONS TO MY OWN CLIENTS. I FURTHER UNDERSTAND THAT THE OPINIONS AND/OR STATEMENTS OF MY MENTOR ARE NOT A SUBSTITUTE FOR MY OWN OPINIONS OR INDEPENDENT RESEARCH.

In exchange for the opportunity to participate in the Mentorship Program, I agree on behalf of myself and my spouse, parents, children, family, partners, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns to fully release the SCCBA, including its elected and appointed officers, board members, mentoring committee members, directors, employees, volunteers, mentors, mentees, agents, attorneys and any other persons or entities acting on its behalf, and each of them, from any and all claims for injury, loss, liability, professional negligence, damages, lawsuits, expenses (including, but not limited to, attorneys’ fees) and any other injury or liability to me or any other person acting on my behalf, in connection with my participation in the Mentorship Program and I agree to waive any and all rights to make any of the above claims through a lawsuit or otherwise against the SCCBA and the persons provided above.

I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE RCBA OR ANY OF THE OTHER RELEASED PARTIES.
By signing below, I acknowledge and represent that I have read, and I agree to fully comply with, the Mentee Guidelines. Further, I acknowledge and represent that I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS. No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect.

Signature: ________________________________________

Date:______________________
MENTORSHIP PROGRAM
MENTEE APPLICATION

_____New Mentee  

Print name ____________________________________________  Title ____________________

Firm/Business name ____________________________________________

Office address (include suite #) ________________________________

City/State/Zip _____________________________________________

If different, mailing address/P.O. Box (include zip): ________________

Work phone __________________ Fax ______________ Email ________________

Areas of practice _____________________________________________

Date admitted to CA State Bar ____________________________  State Bar # __________

Law school _____________________________________________  Date graduated _________

1. What characteristics of a potential mentor are important to you?
   Rank only those that are important to you, with No. 1 being the most important.
   __ Size or type of practice
   __ Location of Mentor
   __ Type of Work Performed
   __ Areas of law
   __ Years in Practice
   __ Educational Background
   __ Other

2. It is more important that your mentor (check one):
   ___ Live or work close to you
   ___ Match your interest areas
MENTEE APPLICATION (CONTINUED)  ___New Mentee  ___Renewal

Print name ____________________________________________________________ Title ____________________________

3. Size or type of practice: I prefer a mentor who is:
   ___ member of a large firm (40+ attorneys firm wide)
   ___ member of a medium-sized firm (10 - 39 attorneys)
   ___ member of a small firm (2 - 9 attorneys)
   ___ solo practitioner (see also No. 10 below)
   ___ in-house counsel
   ___ government attorney
   ___ legal services attorney
   ___ Other _____________________________________________________________________

4. Location of mentor:
I prefer a mentor who is located in the following area (check all that apply):
   ___ North County (Santa Cruz, Bonny Doon, Boulder Creek, Felton, Scotts Valley
   ___ Mid County (Capitola, Soquel)
   ___ South County (Aptos, Watsonville)

5. Areas of Law: I prefer a mentor who works in the following areas of law
(Rank only those that are important to you, with No. 1 being the most important.)

   o administrative / governmental  o Indian / Tribal law
   o bankruptcy                   o juvenile law
   o business / commercial         o landlord - tenant
   o construction                  o personal injury / property damage
   o criminal law                  o professional liability
   o elder law                     o real estate
   o employment /labor             o securities
   o environmental                 o sports / entertainment
   o family                        o taxation
   o general practice              o water law
   o health law                    o wills & trusts (estate planning)
   o immigration                   o other ____________________________
MENTEE APPLICATION (CONTINUED)  ___New Mentee  ___Renewal

Print name ___________________________________________ Title __________________

6. Type of Practice /Work performed:  
I prefer a mentor who engages in the following type(s) of work: Rank only those that are important to you, with No. 1 being the most important.
___ trial practice
___ litigation
___ transactional
___ appellate practice
___ appearance before regulatory/administrative boards
___ other ________________________________

7. Outside Interests: I am currently engaged, or interested in being involved, in the following activities:
___ civic activities
___ bar-related activities
___ Other. Please list: __________________________________________________________

8. Preferred Meeting Time: I prefer to meet:
___ before work
___ lunchtime
___ after work

9. Preferred Means of Communication: I prefer to communicate via (please check all that apply):
___ email
___ telephone (work)
___ telephone (cell)
___ letter/facsimile
MENTEE APPLICATION (CONTINUED)  __New Mentee  ___Renewal

Print name ____________________________  Title _______________________

10. For solo practitioners and/or small firms:
I am interested in the following areas (please rank only those that are important to you, with No. 1 being the most important)
___ bank or client trust accounts
___ fee and billing practice
___ retainer agreements
___ marketing your practice
___ budgeting
___ business planning
__ other:____________________________________________________________

11. Please include any additional information that would assist us in matching you with a mentor. Although we may not be able to match you with a mentor meeting all of your preferences, every effort will be made to make an appropriate match.

Please feel free to attach a current resume.

I understand that the information provided in this application, and any additional information provided by me to the SCCBA Mentorship Committee, is not confidential and may be shared with the members of the Mentorship Committee and my chosen mentor.

Signature: ______________________________________________________

Date: __________________

Date received by SCCBA __________________

Date approved by Mentorship Committee _________________