MENTORSHIP PROGRAM
MENTOR CHECKLIST

Before you submit your Mentor 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 Mentor Guidelines.

☐ I have completed the Mentor Application.

☐ I have completed the Mentor Participation Agreement.

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

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

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

Mentor Signature__________________________________ Date: __________

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MENTORSHIP PROGRAM
MENTOR GUIDELINES

Requirements For Mentors
- Licensed member of the State Bar of California;
- Santa Cruz County Bar Association (SCCBA) Member (subject to the discretion of the SCCBA Mentorship Committee if the mentor is an active or retired judicial officer);
- Read and be familiar with the SCCBA Standards for Professionalism and Civility Among Attorneys;
- Practiced for a minimum of ten (10) years;
- 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;
- Must be reasonably available by telephone and/or e-mail to mentee;
- Complete the SCCBA Mentor Volunteer Application;
- Complete the SCCBA Mentorship Program Mentor Participation Agreement.

Restrictions on the Mentor - Mentee Relationship
- Mentors shall treat all communications with their mentee as confidential, but should understand that such communications may not be privileged;
- Mentors shall not engage in any inappropriate conduct with their mentee. Any such conduct will result in immediate and permanent removal from the SCCBA Mentorship Program.

Mentoring Activities
- Encouraged to meet with mentee in person once per month;
- Lunch or Breakfast meetings. Suggested topics of conversation include:
  - Ethics and Professionalism;
  - Practice and Law Office Management;
  - Business/Client Development;
  - Networking;
  - Lawyering Skills;
  - Areas of Practice and Types of Firms;
  - Issues Generally Affecting the Legal Profession;
  - Courthouse Personnel;
  - Courthouse Procedures and Jargon;
  - Attorney – Client Relations
  - Pro Bono Opportunities;
  - How a Mentee can be a valuable asset to their employer.
Suggestions for Being a Successful Mentor

- Listen;
- Be ready with topics for discussion if the mentee does not come to a meeting with questions;
- Exchange ideas rather than lecture;
- Tell “war stories”, if a lesson can be learned;
- Allow your mentee 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 mentee so that the mentee’s telephone calls and other communications will be easily identified and treated accordingly;
- Be prepared to discuss practical issues, especially professionalism and ethics;
- Place reminders in your calendar to contact the mentee;
- Honor scheduled meetings if at all possible.
MENTORSHIP PROGRAM
MENTOR APPLICATION

_____New Mentor

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 _______________ Cell _______________

Email ______________________________

Date admitted to CA State Bar ______________________ State Bar # _______________

Law school _______________________________________________

Date graduated ____________________________________________

1. Size or Type of Practice. I am a:
   o member of a large firm (40+ attorneys firm wide)
   o member of a medium - sized firm (10 - 39 attorneys)
   o member of a small firm (2 - 9 attorneys)
   o solo practitioner (see also No. 9 below)
   o in-house counsel
   o government attorney
   o legal services attorney

2. Type of Practice/ Work Performed. My practice includes (check all that apply):
   o trial practice
   o litigation
   o transactional
   o appellate practice
   o appearance before regulatory/administrative boards
   o other ________________________________

MENTOR APPLICATION
(CONTINUED)

Print name __________________________________ Title ____________________

3. Areas of Practice.
I work in the following areas of law (check all that apply):
  o administrative / governmental
  o bankruptcy
  o business / commercial
  o construction
  o criminal law
  o elder law
  o employment / labor
  o environmental
  o family
  o general practice
  o health law
  o immigration
  o Indian / Tribal law
  o juvenile law
  o landlord - tenant
  o personal injury / property damage
  o professional liability
  o real estate
  o securities
  o sports / entertainment
  o taxation
  o water law
  o wills & trusts (estate planning)
  o other ____________________________________________

4. Please identify your civic activities within the community:

5. Please identify your Bar - related activities:

6. Please identify any additional activities
MENTOR APPLICATION
(CONTINUED)

Print name ___________________________________________ Title _____________

7. Preferred Meeting Times:
I prefer meeting (check all that apply):
  o  before work
  o  lunchtime
  o  after work

8. Preferred Means of Communication:
I prefer to communicate (check all that apply):
  o  email
  o  telephone (work)
  o  telephone (cell)
  o  letter / facsimile

9. For solo practitioners and/or small firms:
I can assist in the following areas (check all that apply):
  o  bank or client trust accounts
  o  fee and billing practice
  o  retainer agreements
  o  marketing your practice
  o  budgeting
  o  business planning
  o  other: ______________________________________________

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 mentee.

Signature: _________________________________    Date:___________________________

Date received by SCCBA __________________
Date approved by Mentorship Committee ________________

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MENTORSHIP PROGRAM
MENTOR PARTICIPATION AGREEMENT

I ____________________________ (“Mentor”) 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 Guidelines that I acknowledge having received by signing below, is to provide junior lawyers with an educational and professional development resource only.

I acknowledge and agree that I will comply with each of the Guidelines that I have been provided with, including specifically my agreement that:

(1) I will make myself reasonably available to my assigned mentee during the term of our mentoring relationship;

(2) I acknowledge and understand that I am not an employee, representative or agent of the SCCBA because of my participation in this program and I will not hold myself out or give the appearance as such; and

(3) I will not engage in any inappropriate conduct with my assigned mentee.

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, mentorship 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 SCCBA 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 Mentor 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: _____________________