

**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: _____

Santa Cruz County Bar Association

340 Soquel Ave., Suite 209, Santa Cruz, CA 95062

(831) 423-5031

sccbar@sbcglobal.net

MENTORSHIP PROGRAM MENTEE APPLICATION

_____ New Mentee

_____ Renewal 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

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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.)

administrative / governmental

bankruptcy

business / commercial

construction

criminal law

elder law

employment /labor

environmental

family

general practice

health law

immigration

Indian / Tribal law

juvenile law

landlord - tenant

personal injury / property damage

professional liability

real estate

securities

sports / entertainment

taxation

water law

wills & trusts (estate planning)

other _____

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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

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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 _____