

OBA MentorMatch
THE OKLAHOMA BAR ASSOCIATION
MENTORING PROGRAM

MENTOR APPLICATION

Name: _____ Bar No. _____
 Firm/Company Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Telephone: _____ Fax: _____
 E-mail: _____ Date of Birth: _____
 Law School Attended: _____ Graduation Date: _____
 Year of Admission in Oklahoma: _____
 Federal Court or Other State Admissions: _____

Please X all that apply to you:

Type of Practice: <input type="checkbox"/> Law Firm <input type="checkbox"/> Of Counsel <input type="checkbox"/> In-house <input type="checkbox"/> Retired <input type="checkbox"/> Government <input type="checkbox"/> Other _____	Size of Practice: <input type="checkbox"/> Solo <input type="checkbox"/> 2-5 Lawyers <input type="checkbox"/> 6-10 Lawyers <input type="checkbox"/> 11-39 Lawyers <input type="checkbox"/> 40 + Lawyers	Number of Years in Practice: _____ Do you carry Professional Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Location of Practice: <input type="checkbox"/> Urban Area <input type="checkbox"/> Medium Sized Town <input type="checkbox"/> Rural area/ Small Town	Special Skills (Optional): <input type="checkbox"/> Computer/Technology <input type="checkbox"/> Litigation <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals	<input type="checkbox"/> Research and Writing <input type="checkbox"/> Federal Court Practice <input type="checkbox"/> Other: _____ _____
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Areas of Practice: Select up to 3 that best describe your area(s) of practice:

___ Admin./Governmental ___ Antitrust ___ Arbitration/Mediation ___ Bankruptcy ___ Business/Commercial ___ Criminal ___ Elder ___ Employment/Labor Law ___ Environmental ___ Family/Domestic	___ General Practice ___ Health Law ___ Immigration ___ Intellectual Property ___ Juvenile ___ Practice Management ___ Personal Injury ___ Probate/Trust/Estate Planning ___ Real Estate	___ Landlord/Tenant ___ Social Security ___ Sports/Entertainment ___ Tort and Insurance ___ Taxation ___ Traffic ___ Trial Work ___ Workers' Comp. ___ Other _____ _____
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(SEE OTHER SIDE)

I am qualified to practice in another profession:

Bar Related Activities:

Please Tell Us More About Yourself:	
Hobbies and Interests:	Civic Activities:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
Optional Information:	
The following information is requested to assist with the successful pairing of mentors and proteges. You are not required to answer this portion of the form, but your response will greatly assist with making mentoring matches:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Background: <hr/>
Age: <hr/>	Number of Children: <hr/>
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Any other items about your personal or family life you believe would be useful: <hr/>	
<hr/>	

THIS SECTION <i>MUST BE COMPLETED</i> TO BE ELIGIBLE FOR APPOINTMENT
I acknowledge with my signature below that I meet or will meet the following qualifications to serve as an Oklahoma Bar Association Mentor:
<input type="checkbox"/> I am a member in good standing of the Oklahoma Bar Association
<input type="checkbox"/> I agree to make the necessary time commitment to maintain a mentor relationship
<input type="checkbox"/> I agree to review the handbook
Please disclose any disciplinary action of any kind taken against you since being admitted:
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Please Return To:
OBA MentorMatch
P.O. Box 53036
Oklahoma City, OK 73152-3036
or e-mail PDFs to MentorMatch@okbar.org
or fax to (405) 416-7001

THANKS FOR VOLUNTEERING!!
For Questions Contact:
Jim Calloway
jimc@okbar.org
1-800-522-8065 Ext. 7051