

OBA MentorMatch
THE OKLAHOMA BAR ASSOCIATION
MENTORING PROGRAM

PROTEGE 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: _____

INFORMATION ABOUT ME:

Size of Practice:

- Solo
- 2-9 Lawyers
- 10-39 Lawyers
- 40 + Lawyers

Number of Years in Practice: _____

Location of Practice:

- Urban Area
- Medium Sized Town
- Rural area/ Small Town

Do you carry Professional Liability Insurance:
 Yes
 No

Type of Practice:

- Law Firm
- Of Counsel
- In-house
- Retired
- Government
- Other

I am qualified to practice in another profession:

Hobbies and Interests:

Bar Related Activities:

Civic Activities:

(SEE OTHER SIDE)

MENTOR PREFERENCES:

Select the 3 most important Mentor characteristics in the order of importance (1=Most Important)

- | | | |
|---|---|--|
| <input type="checkbox"/> Type of Practice | <input type="checkbox"/> Special Skills | <input type="checkbox"/> Location |
| <input type="checkbox"/> Size of Practice | <input type="checkbox"/> Gender | <input type="checkbox"/> Race/Ethnicity |
| <input type="checkbox"/> No. of Years in Practice | <input type="checkbox"/> Age | <input type="checkbox"/> Area(s) of Practice |

I prefer a mentor with skills in the following area(s):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Regulatory Board Appearances | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Litigation | <input type="checkbox"/> Research/ Appeals | _____ |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Federal Court | _____ |

I prefer a mentor that practices in the following area(s) of law:

(Note order of interest by listing the most important areas as 1, etc. *Limited* to 3 choices)

- | | | |
|--|--|---|
| <input type="checkbox"/> Admin./Governmental | <input type="checkbox"/> General Practice | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Antitrust | <input type="checkbox"/> Health Law | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Arbitration/Mediation | <input type="checkbox"/> Immigration | <input type="checkbox"/> Sports/Entertainment |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Tort and Insurance |
| <input type="checkbox"/> Business/Commercial | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Practice Management | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Elder | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Trial Work |
| <input type="checkbox"/> Employment/Labor Law | <input type="checkbox"/> Probate/Trust/Estate | <input type="checkbox"/> Workers' Comp. |
| <input type="checkbox"/> Environmental | Planning | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Family/Domestic | <input type="checkbox"/> Real Estate | _____ |

I prefer a mentor who is:

- | | | |
|--|---------------------------------|--|
| Gender: <input type="checkbox"/> Male | <input type="checkbox"/> Female | Ethnic Background: _____ |
| Age: _____ | | Number of Children: _____ |
| Marital Status: <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> DOES NOT MATTER |

THIS SECTION *MUST BE COMPLETED* TO BE ELIGIBLE FOR THE PROGRAM

I acknowledge with my signature below that I meet or will meet the following qualifications to request an Oklahoma Bar Association Mentor:

- I am a member in good standing of the Oklahoma Bar Association
- I agree to make the necessary time commitment to maintain a mentor relationship
- I agree to review the handbook
- I have read and signed the Protege Disclaimer and Release Form

Please disclose any disciplinary action of any kind taken against you since being admitted:

SIGNATURE: _____

DATE: _____

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

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