

NEW JERSEY COMMISSION ON PROFESSIONALISM IN THE LAW
MORRIS COUNTY BAR ASSOCIATION

JOINT UNIFIED MENTOR PROGRAM
PROTÉGÉ APPLICATION

NAME: _____ DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ (Cell): _____

FIRM OR EMPLOYER: _____

BUSINESS ADDRESS: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

PROPOSED MENTOR: _____

(Provide contact information if proposed Mentor has not yet been approved by the MCBA.)

1. How many years have you been admitted to practice in New Jersey? _____
2. What is your current area of practice? _____
3. In what area(s) of practice are you particularly looking for guidance from a Mentor? _____
4. How far from your office/home would you be willing to travel to meet with your Mentor? _____
5. Do you have a preference as to the time of day you would like to meet? _____
6. Do you currently have malpractice insurance? _____

Signature

Please attach a current resume or some brief biographical information, and a copy of your malpractice declaration page to the MCBA, when returning this application.

Return this form, together with a current resume, via e-mail to MCBAMentorship@gmail.com and to ema@mcandrewvotto.com.

Please include your name and the phrase "Protégé Application" in the subject line.
New Jersey Commission on Professionalism in the Law

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