

MCBA/MCBF
MITCHELL H. COBERT
MENTOR PROGRAM
Morris County Bar Association/Foundation
Mentee 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. Are you a law school graduate not yet admitted into practice? _____
 - a. Name of law school you received your JD: _____
 - b. Year you received your JD: _____
2. Are you a member of the Morris County Bar Association? ____
3. Are you currently admitted to practice law in New Jersey? _____ If yes, how many years have you been admitted: _____
4. What is your current area of practice? _____
5. Have you been practicing in this area of law less than 6 months?
6. In what area(s) of practice are you particularly looking for guidance from a mentor?

7. How far from your office/home would you be willing to travel to meet with your mentor?

8. Do you have a preference as to the time of day you would like to meet? _____
9. Do you currently have malpractice insurance? _____
10. Do you want your participation in the program to be kept confidential? _____

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 attachments, via e-mail to assistant@morriscountybar.com, Michelle Benedek Barone at mbenedek@lawjw.com and to Jennifer M. Cornelius at JMCesqLLC@outlook.com.

Please include your name and the phrase "Mentee Application" in the subject line of your e-mail.