

**TACOMA-PIERCE COUNTY BAR MENTORSHIP PROGRAM**  
**MENTEE APPLICATION**

The Tacoma-Pierce County Bar Mentorship Program seeks to pair an experienced lawyer possessing high standards of professionalism with each new practitioner in the Tacoma Pierce County Bar Association regardless of your firm or area of practice. The purpose of the Mentorship Program is to introduce new practitioners and less experienced practitioners to the resources available through our association and to expose them to the high standards of professionalism to which we have dedicated ourselves.

Regardless of your form (solo, firm member, in house counsel, government) or area of practice, we want to make sure that you are afforded the opportunity to benefit from this mentoring experience.

To be paired with a mentor, please send this form by mail to Wendy E. Zicht, Attorney at Law, 2207 North 30<sup>th</sup> Street, Tacoma, WA 98403.

We look forward to meeting you.

Date\_\_\_\_\_

Name\_\_\_\_\_

Bar number\_\_\_\_\_

Firm/Company Name (if appropriate)\_\_\_\_\_

Address\_\_\_\_\_ City/ST/ZIP\_\_\_\_\_

Telephone\_\_\_\_\_ E-mail\_\_\_\_\_

Law School\_\_\_\_\_ Date of Graduation\_\_\_\_\_

Date of First Admission in Any Jurisdiction\_\_\_\_\_

Jurisdictions in Which Admitted: \_\_\_\_\_

Current participation in a formal mentoring program:  Yes (Where\_\_\_\_\_ )  No

Are you setting up your own practice:  Yes  No

Do you have practice liability insurance? :  Yes  No

In what area(s) of law do you (or want to) concentrate: \_\_\_\_\_

What do you hope to gain from the mentoring program? \_\_\_\_\_

What are you looking for in a mentor? \_\_\_\_\_

1. What type of practice are you currently pursuing?

Solo practitioner

Corporate counsel

Member of a small firm (2-20 attorneys)  Member of a medium-size firm (20-60 attorneys)   
 Member of a large firm (60+ attorneys)   
 Government lawyer (check one) Local  County  State  Federal   
 Other \_\_\_\_\_

2. What area of practice do you want mentoring?

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative/governmental Law  | <input type="checkbox"/> Intellectual Property  |
| <input type="checkbox"/> Antitrust Law  | <input type="checkbox"/> Juvenile   |
| <input type="checkbox"/> Bankruptcy: Creditor <input type="checkbox"/> Debtor <input type="checkbox"/>      | <input type="checkbox"/> Labor/Employment   |
| <input type="checkbox"/> Business Law   | <input type="checkbox"/> Landlord/Tenant  |
| <input type="checkbox"/> Civil Rights/Discrimination  | <input type="checkbox"/> Marijuana Law  |
| <input type="checkbox"/> Collections  | <input type="checkbox"/> Personal Injury: Plaintiff <input type="checkbox"/> Defense <input type="checkbox"/> |
| <input type="checkbox"/> Commercial Litigation  | <input type="checkbox"/> Probate/Estate Planning  |
| <input type="checkbox"/> Consumer Protection Law  | <input type="checkbox"/> Public Lawyer  |
| <input type="checkbox"/> Corporate/In-House Counsel   | <input type="checkbox"/> Real Estate  |
| <input type="checkbox"/> Criminal Law Prosecution <input type="checkbox"/> Defense <input type="checkbox"/> | <input type="checkbox"/> Securities   |
| <input type="checkbox"/> Disability/Social Security/VA  | <input type="checkbox"/> Taxation   |
| <input type="checkbox"/> Dispute Resolution   | <input type="checkbox"/> Transactional  |
| <input type="checkbox"/> Domestic Relations/Family Law  | <input type="checkbox"/> Workers Compensation   |
| <input type="checkbox"/> Elder Law  | <input type="checkbox"/> Other (be specific): _____   |
| <input type="checkbox"/> Environmental Law  |   |
| <input type="checkbox"/> Guardianship   |   |
| <input type="checkbox"/> Health Care Law  |   |
| <input type="checkbox"/> Immigration Law  |   |
| <input type="checkbox"/> Indian Law   |   |

3. Are you a member of any legal or professional or community organization(s)? If yes, which organization(s)?

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4. What are your hobbies, interests outside of law?

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5. How did you learn about the Mentor Program?

Internet	Sections
Source: _____	Name: _____
Mentor/Mentee	Other Association
Name: _____	Name: _____
Law School	Other: _____
Name: _____	

6. Is there anything else you would the Mentor Program to know about you, preferences, circumstances, etc?

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By submitting this application, I certify that I have read and am familiar with guidelines and requirements of the Mentorship Program and that I will abide by the guidelines currently in force and as they may be from time to time amended by the Mentorship Committee.

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Signature of Mentee                      Date

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Print Name & Attorney WSBA No.