

**Pennsylvania Bar Association
Commission on Women in the Profession
“LINK” Mentoring Program Application**

I am applying to the “Link” Mentoring Program to participate as (please check one):

A Mentor (suggested at least 7 years in practice) _____
A Mentee (no minimum or maximum) _____

Name: _____ **Date:** _____

Preferred Contact Information:

Address: _____

Phone: _____ Email: _____

Professional Information:

Number of Years in Practice: _____

Current Employer: _____

Position Held: _____

Practice Areas: _____

Current type of Employment (Please Check One):

<i>Law Firm:</i>	In- House Counsel _____
Solo practitioner _____	Government _____
2-20 attorneys _____	Public Interest _____
20-50 attorneys _____	Judiciary _____
50+ attorneys _____	Other (specify) _____

Please set forth any previous/additional employment information or career goals that you feel may be helpful in making a match:

Law School: _____

Undergraduate School: _____

Please set forth what you hope to gain/share by participating in this program (e.g. networking skills, career development/management , law office economics, leadership, work-life balance issues, etc.)

OPTIONAL: Other factors you would like to be considered for pairing with a mentor (e.g., medical/physical disability; religion, ethnicity; sexual orientation; or any other matter you would like considered):

Please return this form to:

Emily K. Lewis
The Pennsylvania Bar Association
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Harrisburg PA 17108
Fax: (717) 238-7182
E-mail: Emily.Lewis@pabar.org