



Riverside County Bar Association

4129 Main Street, Suite 100 • Riverside, California 92501-3663

Phone: (951) 682-1015 • Fax: (951) 682-0106 • Email: rcb@riversidecountybar.com

MENTOR APPLICATION

New Mentor

Renewal Mentor

Print name _____ Title _____

Firm/Business name _____

Office address (include suite #) _____

City/State/Zip _____

If different, mailing address/P.O. Box (include zip):

Work phone _____ Fax _____ Email _____

Cell phone _____

Date admitted to CA State Bar _____ State Bar # _____

Law school _____ Date graduated _____

1. Size or Type of Practice. I am a:

- member of a large firm (40+ attorneys firmwide)
- member of a medium-sized firm (10-39 attorneys)
- member of a small firm (2-9 attorneys)
- solo practitioner (see also No. 9 below)
- in-house counsel
- government attorney
- legal services attorney
- other _____

2. Type of Practice / Work Performed. My practice includes (check all that apply):

- trial practice
- litigation
- transactional
- appellate practice
- appearance before regulatory/administrative boards
- other _____



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MENTOR APPLICATION (CONTINUED)

Print name _____ Title _____

3. Areas of Practice. I work in the following areas of law (check all that apply):

- administrative / governmental
- bankruptcy
- business / commercial
- construction
- criminal law
- elder law
- employment / labor
- environmental
- family law
- general practice
- health law
- immigration
- Indian / Tribal law
- intellectual property
- international practice
- juvenile law
- landlord-tenant
- personal injury / property damage
- professional liability
- real estate
- securities
- sports / entertainment
- taxation
- water law
- wills & trusts (estate planning)
- other _____

4. Please identify your civic activities within the community:

5. Please identify your Bar-related activities:

6. Please identify any additional activities:



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MENTOR APPLICATION (CONTINUED)

Print name _____ Title _____

7. Preferred Meeting Times: I prefer meeting (check all that apply):

- before work
- lunchtime
- after work

8. Preferred Means of Communication: I prefer to communicate (check all that apply):

- email
- telephone (work)
- telephone (cell)
- letter / facsimile

9. For solo practitioners and/or small firms:

I can assist in the following areas (check all that apply):

- bank or client trust accounts
- fee and billing practice
- retainer agreements
- marketing your practice
- budgeting
- business planning
- other: _____

I understand that the information provided in this application, and any additional information provided by me to the RCBA Mentoring Committee, is **not confidential** and may be shared with the members of the Mentoring Committee and my chosen protégé.

Signature: _____ Date: _____

Date received by RCBA _____

Date approved by Mentoring Committee _____

6-16-2011