



# Paralegal Association of Central Ohio

## Mentee Request Form

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Education \_\_\_\_\_

Anticipated Graduation \_\_\_\_\_

Certifications \_\_\_\_\_

Memberships \_\_\_\_\_

**I am currently a(n):**

- \_\_\_\_\_ paralegal student
- \_\_\_\_\_ junior paralegal
- \_\_\_\_\_ experienced paralegal interested in changing fields

**I am requesting a mentor for the following purpose(s):**

- \_\_\_\_\_ Practice area related paralegal duties
- \_\_\_\_\_ Career objectives
- \_\_\_\_\_ Education goals
- \_\_\_\_\_ Current information on the paralegal profession, including certifications
- \_\_\_\_\_ Résumé review and tips for interviewing for a paralegal position
- \_\_\_\_\_ Other: \_\_\_\_\_

**Areas of Law:** Area(s) of Work or Area(s) of Interest \_\_\_\_\_

**Need mentoring with:** (career development, resume, job resources, certifications, other)

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**When and how are you available:**

Phone calls (morning) \_\_\_\_\_ (afternoon) \_\_\_\_\_ (evenings) \_\_\_\_\_

Meetings: (morning) \_\_\_\_\_ (afternoon) \_\_\_\_\_ (evenings) \_\_\_\_\_

Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_

**Additional comments:** \_\_\_\_\_

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You will be contacted within two (2) weeks of matching by a Paralegal Mentor. Please be prepared to meet with your Paralegal Mentor at least once a month. If at any time you are not able to commit to the Mentoring Program, please let me know immediately.

We look forward to helping you develop your career! Please do not hesitate to contact me with any questions.

Thank you in advance for your interest and enthusiasm!

**Please complete this form and return it, together with a copy of your resume, to the Mentoring Program Chairperson at [mentor@pacoparalegals.org](mailto:mentor@pacoparalegals.org)**