



Paralegal Association of Central Ohio

Mentor Application

Date: _____

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

e-Mail _____

Place of Employment _____

Business Address _____

Business Phone _____

Paralegal Experience/
Specialties _____

Years of Experience _____

Education _____

Certifications _____

Memberships _____

Have you been a mentor in the past? _____

If so, describe the experience: _____

Why do you want to be a mentor? _____

Describe what attributes make you a good mentor? _____

Are you willing to meeting with your mentee at least once a month? _____

The mentor should contact their mentee within two (2) weeks of assignment. If at any time that either the relationship is not working, or the mentor cannot commit to the time required to be a mentor, please notify the Mentoring Program Committee Chairperson.

The Mentoring Program can be a big success, if the mentor is committed and desires to advance the paralegal profession through the next generation of paralegals.

Please e-mail completed Mentor Application, together with a copy of your resume, to the Mentoring Program Chairperson at mentor@pacoparalegals.org