



**HISPANIC BAR ASSOCIATION OF NEW JERSEY
LAW STUDENT MENTORSHIP PROGRAM
Mentor Application Form**

CONTACT INFORMATION:

ATTORNEY NAME: _____

FIRM/EMPLOYER NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME NUMBER: _____ CELLULAR NUMBER: _____

WORK NUMBER: _____ FACSIMILE NUMBER: _____

E-MAIL: _____

PREFERRED CONTACT METHOD: HOME CELLULAR WORK E-MAIL

BACKGROUND INFORMATION:

UNDERGRADUATE INSTITUTION: _____

UNDERGRADUATE MAJOR: _____

UNDERGRADUATE DEGREE: _____

GRADUATE INSTITUTION: _____

GRADUATE DEGREE: _____

LAW SCHOOL: _____ CLASS: _____

PLEASE LIST THE STATE(S) AND DATE(S) OF YOUR BAR ADMISSIONS:

PRACTICE AREAS: _____

HOBBIES: _____

GENDER: MALE: FEMALE: AGE: _____

PREFERRED GENDER OF MENTEE: MALE FEMALE EITHER

Please check the space that describes your level of interest in serving as a mentor:

Keep my name on your annual mentorship list I only wish to serve as a mentor 1 year

Please attach a copy of your bio or resume.

SIGNATURE: _____

DATE: _____

PLEASE RETURN FORM BY NOVEMBER 9, 2018 TO:

Melinda Colón Cox, Esq. – melinda.cox@piblaw.com