



## MENTOR PROGRAM

### NEW ATTORNEY Registration Form

I would like to be assigned an Attorney Mentor for 2010. I understand that while my Attorney Mentor will not provide me with a job or intensive, day-to-day training, he or she can assist me with my career development by engaging with me in a variety of capacities and providing me with advice and guidance in developing my legal career. This program is available to new lawyers with less than five years' experience practicing law.

[PLEASE PRINT]

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred practice area (please rank your preferences with 1 being your top preference):

- Civil Litigation (rank \_\_\_\_\_)
- Criminal Law (rank \_\_\_\_\_)
- Transactional work (rank \_\_\_\_\_)
- Administrative Law (rank \_\_\_\_\_)

You may also list specific practice areas. However, please note that your match depends on the availability of the attorney volunteers.

My specific practice areas of interest are:

\_\_\_\_\_  
\_\_\_\_\_

Preferred practice setting:

- Law Firm
  - Small Firm or solo practitioner (2-15 attorneys)
  - Medium sized firm (16-30 attorneys)
  - Large firm (30+ attorneys)
- Government Agency
- Corporation
- Public Interest or Non-Profit Organization

Preferred Gender:

\_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_ No preference

PLEASE RETURN THIS FORM AND SIGNED DISCLAIMER AND RELEASE FORM TO:

Donna Wiessner, Associate Executive Director

Clark County Bar Association

725 South Eighth Street, Las Vegas, NV 89101

Fax: 387-7867 or Email: [donnaw@clarkcountybar.org](mailto:donnaw@clarkcountybar.org)