



PRIDE MENTORSHIP PROGRAM ENROLMENT FORM

<u> </u>			his mentorship program remains confidentia
Pers	sonal Information		
	se note that if your contact details change of ect Committee.	over the next year, y	you are responsible to notify the Mentoring
Nam	e:		
Firm	or Organization's Name (optional):		
Wor	k Phone Number (optional):		
Hom	e Phone Number (optional):		
Ema	il address:		
emai	l address.		se feel free to provide only a first name and
	k Circumstances (circle one):		
A	Associate Partner Sole Practitioner A	Articled Student	Government Lawyer In-House Lawyer
C	Other (please specify):		
If you	u are a partner in a law partnership or an en	mployee or associate	e in a law firm, what is the size of your firm?
Year	of call (articling students, please give mo	nth and year of call	date):
Area	s of Practice:		
	Administration Civil Litigation Commercial Lending Commercial – other Corporate Creditors remedies Criminal Family Intellectual Property		Mediation/Arbitration Motor Vehicle Litigation Real Estate Securites Tax Wills & Estates Other (please specify):

Program Information
Do you want to be a Mentor or Mentee? (circle one)
Matching Information
MENTEES
If you are enrolling to be a Mentee, please complete the following:
What goals would you like to address over the course of the mentoring relationship? Goals can include professional, developmental, business, marketing, work-life balance or any other goals you wish to identify. Please be as specific as you can without divulging any confidential information. The more specific you can be, the better the match with the appropriate mentor is likely to be.
If there are specific qualities you would prefer in a mentor, please identify them. These may include the experience of the mentor, personal background, diversity issues, family issues, type of practice or any other qualities that may relate to your own specific interests.
Are there any firms or organizations you would prefer not to work with due to a conflict, or for any other reason? If yes, please list them.
If there is not a suitable mentor in your area, are you willing to participate in the mentorship as a member of a long-distance pair, and to work with someone over the telephone or via email? Yes / No (circle one)

Do you have a preference for the geographic location of your Mentor/Mentee and if so, what is it?

MENTORS

If you are enrolling to be a mentor, please complete the following:
Do you have any particular interests or issues you would like to address in your mentorship? For example, please consider whether you want to address work/life balance issues or topics such as working while having children, areas or types of practice, coming out at work, etc.
If there are specific qualities you would prefer in a Mentee, please identify them. These may include the experience of the Mentee, personal background, diversity knowledge, family issues, type of practice, or any other qualities that may relate to your own specific interests.
Are there any firms or organizations you would prefer not to work with due to a conflict, or for any other reason? If yes, please list them.
If there is not a suitable Mentee in your area, are you willing to participate in the mentorship as a member of a long-distance pair, and to work with someone over the telephone or via email? Yes / No (circle one)