



Mentor Application

Name:

Phone:

Email:

Preferred Method of Contact:

Undergraduate School:

Degree:

Law School:

Year of Graduation:

What motivates you to become a mentor?

What skills/expertise do you hope to share?

Describe your practice (area, sector, size of firm, etc.):

Acknowledgement:

- A. I do hereby certify that I meet all of the following minimum qualifications to participate in the Milwaukee Bar Association's Mentor Program:
- (i) **Active Status.** I am active member of the Milwaukee Bar Association; and
 - (ii) **Disciplinary Action.** I have never received the sanction of disbarment or suspension from the practice of law in any jurisdiction, nor have I voluntarily surrendered my license to practice law for the purpose of disposing with a pending disciplinary proceeding in any jurisdiction. I am in good standing with the Office of Lawyer Regulation.
- B. I have read and understand the Rules and Regulations of the MBA's mentoring program.

Signed:

Date:

Return via mail:

Return via email:

Milwaukee Bar Association
Attn: Mentoring Program
424 E. Wells Street
Milwaukee, WI 53202

bwegner@milwbar.org