

RAISING THE BAR PROGRAM

RAISING THE BAR PROGRAM: MENTOR APPLICATION

Name: _____ Attorney Registration No: _____

Law Firm Name/Court/Employer: _____

Address: _____

Phone: _____ Email: _____

MENTOR REQUIREMENTS

Please check all of the following that apply:

- I am an attorney licensed in Colorado registered active and in good standing.
- I am a member of the Boulder County Bar Association.
- I have been admitted to practice law in Colorado for at least 5 years.
- I am available to meet with my mentee at a minimum of one hour per month and to attend at least two bar functions with my mentee.
- I have a reputation among judges and peers in the local legal community for competence and ethical and professional conduct.
- I have never been suspended or disbarred from the practice of law in any state nor have voluntarily surrendered my license to dispose of a pending disciplinary proceeding.
- I have not otherwise been sanctioned in any jurisdiction during the last ten years.
- There is no formal disciplinary complaint currently pending against me before the Supreme Court of Colorado.

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- I carry professional liability insurance of at least \$100,000 per occurrence and \$300,000 in the aggregate, or I meet one of the following exceptions:
 - I am a government lawyer or judge.
 - I am in-house counsel for a corporation.
 - I am a lawyer working for a non-profit agency.
 - I intend to mentor a new lawyer in-house.

MENTOR INFORMATION

The following information is being compiled to create a mentor profile that will be accessible only to the Raising the Bar Mentor/Mentee Matching Committee.

Undergraduate School: _____

Undergraduate Major: _____ Year of Graduation: _____

Law School: _____ Year of Graduation: _____

Other Advanced Degrees: _____

Bar Related Activities:

Civic Activities:

Hobbies and Interests:

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Please indicate what prompted you to become a mentor and what qualities do you possess that make you a good mentor:

PERSONAL INFORMATION: OPTIONAL

Completion of the Personal Information section of this application is **OPTIONAL**.

Are you married? Yes No Do you have children? Yes No

The practice of law has unique impacts on other areas of one's personal life and time commitments. Do you have the ability to address, and an interest in, issues relating to the practice of law:

- As a minority
- As a person with a disability
- As a GLBTQ practitioner
- As a person with a second, non-legal, activity that requires a significant time commitment (e.g. author, musician, professional athlete, etc.). If so, please specific: _____
- Other: _____

AREAS OF PRACTICE AND EMPLOYMENT

Please select up to three areas of practice which best describe your practice:

- | | | |
|--|---|---|
| <input type="checkbox"/> Admin/governmental | <input type="checkbox"/> Federal practice | <input type="checkbox"/> Probate/trust/estate |
| <input type="checkbox"/> Antitrust litigation | <input type="checkbox"/> General practice | <input type="checkbox"/> Real estate |
| <input type="checkbox"/> Arbitration/Mediation | <input type="checkbox"/> General litigation | <input type="checkbox"/> Social security |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Health | <input type="checkbox"/> Sports/entertainment |
| <input type="checkbox"/> Business commercial | <input type="checkbox"/> Immigration | <input type="checkbox"/> Tort and insurance |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Intellectual prop. | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Elder | <input type="checkbox"/> International | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Employment/labor law | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Trial work |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Personal injury | <input type="checkbox"/> Water law |
| <input type="checkbox"/> Family/domestic | <input type="checkbox"/> Property damage | <input type="checkbox"/> Workers Comp. |
| | | <input type="checkbox"/> Other: _____ |

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Check those that apply to your employment:

- | Type of Practice: | Size of Firm: | Location of Practice: |
|---|--|---------------------------------------|
| <input type="checkbox"/> Solo Practice | <input type="checkbox"/> 1 lawyer | <input type="checkbox"/> Boulder |
| <input type="checkbox"/> Of counsel | <input type="checkbox"/> 2-9 lawyers | <input type="checkbox"/> Longmont |
| <input type="checkbox"/> Law firm | <input type="checkbox"/> 10-20 lawyers | <input type="checkbox"/> Louisville |
| <input type="checkbox"/> Government | <input type="checkbox"/> 40 + lawyers | <input type="checkbox"/> Lafayette |
| <input type="checkbox"/> Judge | | <input type="checkbox"/> Erie |
| <input type="checkbox"/> In-House Corp. Counsel | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Non-legal job | | |
| <input type="checkbox"/> Other: _____ | | |

SPECIAL SKILLS

Check any or all of the following skills which you possess:

- Appeals
- Computer/technology
- Law practice management
- Regulatory board appearances
- Research
- Ability to discuss substance abuse and mental health issues
- Ability to be a resource for involvement in bar activities
- Ability to be a resource for involvement in pro bono activities
- Ability to assist with assessing career paths
- Ability to advise on balancing career and home life
- Ability to advise on running a successful solo practice
- Ability to discuss how to handle law school debt
- Other: _____

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ACKNOWLEDGEMENT

Please review and sign below:

I wish to serve as a mentor in the Raising the Bar Program in accordance with its rules and regulation.

I acknowledge that the information submitted here is complete and accurate to the best of my knowledge.

I certify that I meet all the requirements I checked above.

I understand that the new lawyer to whom I am matched is ultimately determined by the Mentor/Mentee Matching Committee, and there is no guarantee that I will be matched to a new lawyer.

I acknowledge that I will be awarded ___ hours of CLE credit if I satisfactorily complete all the program requirements.

I agree to make the necessary time commitment to maintain a mentoring relationship.

Signature

Date

Attorney Registration No.

Print or Type Name