



**The Hillsborough County Bar Association  
Thirteenth Judicial Circuit Mentoring Program**



**MENTOR REGISTRATION FORM**

NAME: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

LAW SCHOOL: \_\_\_\_\_

PRACTICE AREA(S): \_\_\_\_\_

FL BAR NUMBER: \_\_\_\_\_ DATE ADMITTED: \_\_\_\_\_

IN WHAT AREAS DO YOU FEEL COMPETENT TO SERVE AS A MENTOR:

Civil  Criminal  Family

Juvenile  Probate  Guardianship

Other, please specify: \_\_\_\_\_

IN WHAT SETTING DO YOU CURRENTLY PRACTICE LAW:

Private Small Firm (1-5 Attorneys)  Private Medium Firm (6-20 Attorneys)

Private Large Firm (over 20 Attorneys)  Corporate In-House

Public Interest Law Group  Legal Services Corporation

Government (Circle one: local, state, federal)

Other, please specify: \_\_\_\_\_

DO YOU SPEAK ANY FOREIGN LANGUAGES? IF SO, WHICH LANGUAGES:

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HOBBIES / INTERESTS: \_\_\_\_\_

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WHAT DO YOU HOPE TO GAIN FROM PARTICIPATING IN THE MENTORING PROGRAM?

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IS THERE ANY OTHER INFORMATION YOU BELIEVE IS RELEVANT TO YOUR PARTICIPATION AS A MENTOR IN THE MENTORSHIP PROGRAM?

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I certify that the above information is true and accurate. I understand that the information in this registration form will be shared with any attorneys chosen to be assigned to me as a Protégé. I also understand that I must keep all confidential information received from my Protégé confidential, that I am not to solicit or obtain free legal assistance from my Protégé, that I am not to provide free legal advice to my Protégé, that I am not to refer cases to my Protégé for a referral fee, and that I am not to accept referrals from my Protégé.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please mail this completed registration form to the Hillsborough County Bar Association at: 1610 North Tampa Street, Tampa, Florida, 33602.**