

SPBCBA Mentorship Committee

Tammy Saltzman, Chairperson
tammy@tbslawpa.com



Mentorship Application

Effective Date: December 2014

Personal Information

NAME: _____

Florida Bar Number: _____ Check here if not a member of The Florida Bar

Preferred Mailing _____

Address: _____

Is your preferred Mailing Address: Check Home or Office

Business Phone: _____ Fax: _____

Home Phone: _____ E-mail Address: _____

Complete this Portion if You Are Applying to Be a Mentor

Primary Practice Areas: _____

Firm/Employer: _____

Law School & Year: _____

Years of Practice: _____

Other Legal Interests: _____

Other Relevant Information: _____

Complete the Applicable Portion if You Are Applying to Be a Mentee

Law School & (expected) Year: _____

Undergraduate/Graduate Degrees & Year: _____

Firm/Employer (if applicable): _____

Prior Legal Experience: _____

Interested Areas of Law: _____

Other Relevant Information: _____

Mentor/Mentee Expectations – i.e. time, activities, information sought, availability, contacts, etc.

