

California Judicial Mentor Program Application San Joaquin/Stanslaus/Tuolumne/Calaveras

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

HOME ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

WORK ADDRESS: _____
Street Address Apt/Suite
City State Zip Code

E-MAIL: _____ CELL PHONE: _____

COUNTIES OF INTEREST

LIST THE COUNTIES TO WHICH YOU ARE THINKING OF APPLYING IN ORDER OF PREFERENCE:

MENTORSHIP

I REQUEST A MENTOR WITH THE FOLLOWING PERSONAL BACKGROUND, IF POSSIBLE:

RACE/ETHNICITY: _____ GENDER: _____

SEXUAL ORIENTATION: _____ GENDER IDENTITY: _____

DISABILITY: _____

MENTOR RAISED FAMILY DURING JUDICIAL CAREER: _____

RESUME

ATTACH YOUR RESUME AND ANSWER QUESTIONS BELOW THAT ARE NOT INCLUDED IN IT.

DESCRIBE BAR ASSOCIATION PARTICIPATION/LEADERSHIP (SPECIALTY BARS/LOCAL/STATE/NATIONAL):

DESCRIBE PRO TEM EXPERIENCE:

DESCRIBE COMMUNITY INVOLVEMENT/SERVICE:

PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO KNOW IN ASSIGNING A MENTOR:

CERTIFICATION

I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA JUDICIAL MENTOR PROGRAM, WHICH ARE:

- I HAVE AT LEAST 8 YEARS OF EXPERIENCE AS A LAWYER IN CALIFORNIA AND HAVE BEEN LICENSED IN CALIFORNIA FOR AT LEAST 8 YEARS
- I AM IN GOOD STANDING WITH THE BAR
- I AM COMMITTED TO PUBLIC SERVICE

SIGNATURE: _____ DATE: _____

EMAIL COMPLETED APPLICATION TO: bak@sjcourts.org

*****INCLUDE A COPY OF YOUR RESUME**

