California Judicial Mentor Program Application Marin/Napa/Solano/Sonoma

PERSONAL INFORMATION				
FULL NAME:			DATE:	
First	Middle	Last	DATE.	
HOME ADDRESS: Street Address				Apt/Suite
	COUR	1 OF	C	
WORK ADDRESS:	********	State * * *	* * * (/)	Zip Code
Street Addre	ss	_ ^ ~	**	Apt/Suite
1/24/ *			(III777) *	17011
City	S	State	- TOP 1	Zip Code
E-MAIL:	C	ELL PHON	IE:	*
1191	~~		J. Wall	
	COUNTIES	OF INTERE	ST	
INDICATE WHICH COUNTY ASSIGNED FROM (IN ORDE 1. 2. 3. 4.	R OF PREFEREN	ICE, PLEAS		
	MENIC	DRSHIP		
I REQUEST A MENTOR WIT POSSIBLE:	H THE FOLLOWI	OF	NA	ROUND, IF
RACE/ETHNICITY:		GENDER		
SEXUAL ORIENTATION:		GENDER	IDENTITY:	
DISABILITY:				
MENTOR RAISED FAMILY	OURING JUDICIAI	L CAREER:	:	

Although the program has interest in doing so, there is no guarantee that nci 'k]` be assigned a mentor judge from nci f county of preference cf k cgY bh f yghg closely align with nci fg.

RESUME

PLEASE ATTACH YOUR RESUME. IF YOUR RESUME DOES NOT CONTAIN THE INFORMATION BELOW, PLEASE DESCRIBE MCI F:

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

PRO TEM EXPERIENCE: COURT OF			
COMMUNITY INVOLVEMENT/SERVICE:			
PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO KNOW IN ASSIGNING A MENTOR:			
ALLOW IN ASSIGNMENT ON THE PARTY OF THE PART			
CERTIFICATION			
I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA JUDICIAL MENTOR PROGRAM (Marin/Napa/Solano/Sonoma), WHICH ARE: • I HAVE AT LEAST 10 YEARS OF EXPERIENCE AS A LAWYER IN CALIFORNIA AND HAVE BEEN LICENSED IN CALIFORNIA FOR AT LEAST 10 YEARS • I AM IN GOOD STANDING WITH THE BAR • I AM COMMITTED TO PUBLIC SERVICE			
SIGNATURE: DATE:			
EMAIL COMPLETED APPLICATION TO: info@cajmentor.com Information will be kept confidential, except to the extent necessary to place you with a mentor.			
