

Application

The Law Society
of British Columbia



Mentor

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Any information provided below is strictly voluntary, and will be used solely in furtherance of your participation in the Aboriginal Lawyers Mentorship Program, and for no other purpose.

PART A: Contact information		
Given Name(s)		Surname
Work address		City
Street		
Province/State	Country	Postal/ZIP code
Telephone	Email	
a. I consent to sharing my contact information with the mentee that I am matched with: <input type="checkbox"/> Yes <input type="checkbox"/> No		
b. I would like email notifications of networking opportunities related to the Aboriginal Lawyers Mentorship Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		
c. I self-identify as:		
<input type="checkbox"/> First Nations	<input type="checkbox"/> Inuit	
<input type="checkbox"/> Métis	<input type="checkbox"/> Other	
Note: Mentors are not required to have Aboriginal ancestry.		
PART B: Year of call		
Year of call in BC		
Year of call in other jurisdictions (please list jurisdiction(s) and year of call, or mark N/A):		
PART C: Employment		
What is your practice specialization?		
Please select one of the following that describes your current employment situation		
<input type="checkbox"/> Partner	<input type="checkbox"/> Employed in government	
<input type="checkbox"/> Sole practitioner	<input type="checkbox"/> Employed in education	
<input type="checkbox"/> Employee/associate in a law firm	<input type="checkbox"/> Employed other	
<input type="checkbox"/> Employed by a non-profit organization	<input type="checkbox"/> Not working – seeking employment	
<input type="checkbox"/> Not working – long term leave (explain):	<input type="checkbox"/> In a situation not covered above (explain):	

PART D: Mentoring information

Please select your preferred mode of communication for mentoring meetings:

- | | |
|---|--|
| <input type="checkbox"/> In-person | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Video conference | <input type="checkbox"/> No preference |

Is this a requirement (e.g., practicing in remote region, accessibility)? Yes No

Please select your preferred day and time for mentoring meetings:

- | | | |
|--|------------------------------------|--|
| Day | Time | |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Morning | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Noon | <input type="checkbox"/> No preference |
| <input type="checkbox"/> No preference | <input type="checkbox"/> Afternoon | |

Why are you interested in becoming a mentor?

Do you have any unique qualities that you believe would be relevant to a mentoring relationship? (e.g., balancing parental and professional responsibilities, entering the legal profession as a second careers, disability, etc.)

Do you have any preferences regarding mentee characteristics (e.g., gender, practice specialization, location of practice, etc.)

Where did you attend law school?

What year did you graduate from law school?

What is your undergraduate field of study?

What motivated you to pursue a legal career?

What are your hobbies and personal interests?

Is there any other pertinent information you would like to share?

_____ **Date**

_____ **Signature of applicant**