

Student Success Mentoring Program

Mentor Information

Title: _____ First Name: _____ Last Name: _____

Graduation Year: _____ Number of years in profession: _____

Business Name and Address: _____

Business Email: _____ Daytime Phone: _____

Please list all other school degrees and fields of study: _____

What kind of Mentor relationship do you prefer: Face-to-face Telephone Email Any

What is your practice setting? Check all that apply.

Large firm (50+) Mid Size Firm (11-50) Small Firm (2-9) Solo Practitioner

Government Corporation District Attorney Public Defender

Public Interest Other: _____

Please list your practice area(s): _____

What additional information would you like to share to ensure a best-fit match? _____

Can you suggest any other attorneys who might be interested in serving as mentors? Please provide contact information.

I AGREE to contact the mentor coordinator if I have any questions, comments, or concerns about the Mentoring Program, my mentee, or regarding a change in my abilities to serve as a mentor. Agree Disagree

I CERTIFY that I am in good standing with my state's bar association. Agree Disagree

I UNDERSTAND that by volunteering, I will be placed in a pool of available attorneys and will be contacted if I have been matched with a student. Agree Disagree

I UNDERSTAND that after initial contact from the mentee, it is the mentor's responsibility to schedule meetings with the student in a reasonably timely manner. Because the nature of law practices vary, if I am unable to meet with a student during a scheduled time or need to cancel a meeting, I will advise the student as soon as possible. If I have difficulty receiving communications from my student, I will contact the mentor coordinator. Agree Disagree

Signature

*Mail information form to: Cumberland School of Law Alumni Office, 800 Lakeshore Drive, Birmingham, AL 35229
Fax information form to (205) 726-2057 or email information form to lawalum@samford.edu*

Anne Marovich

Mentor Coordinator

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(205)726-2443