

DALLAS AREA PARALEGAL ASSOCIATION'S WENDI A. ROGERS MENTOR PROGRAM

Application for Prospective Mentor

Name:			
	(please print or type)		
Firm:			
Mailing Address:			
Work Tele- phone:			
Facsimile:			
Email Address:			
Are you a current voting member of DAPA?			
Number of Years of Substantive Paralegal Experience			
Practice Area(s)			
Special Needs, Requests or Preferences			
<p>As a Mentor of DAPA, you hereby agree that you are a member in good standing of DAPA, that you have five (5) or more years of substantive paralegal experience, that you are willing to assist a new paralegal by answering questions relating to his/her area(s) of law, or area(s) of experience, or other general paralegal-related questions, including involvement in local, state and national paralegal associations; and you agree to be accessible to your assigned Protégé on an as-needed basis throughout the year, and at a minimum, you agree to meet or communication with your assigned Protégé on a monthly basis.</p>			
Signature:			
Date:			
For DAPA Use Only			
Date Received:		Date Matched:	
Name of Protégé:			

Submit completed forms to mentor@dallasparalegals.org.