

MENTOR PROGRAM—ALUMNI FORM

Name: _____

Firm/Employer: _____

Home Work

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Graduation Year: _____ E-mail: _____

Practice Area(s): _____

I would like to volunteer in the :

1L Mentor Program E-Mentoring Program

Mentor's Personal Background:

Complete only those factors which you feel are relevant to a mentor-mentee relationship.

Race/ethnicity: _____

Gender: Male Female

Other relevant factors (e.g. membership in protected class, marital status, etc.):

I agree to volunteer in the Alumni Mentor Program and to abide by the guidelines of the program. I understand that the students participating in this program have guidelines of their own. I will contact the Office of Alumni Relations if I have questions regarding the program.

Signature: _____

Please mail form to:
Office of Alumni Relations
Gonzaga University School of Law
PO Box 3528
Spokane, WA 99220
Or by e-mail at alumni@lawschool.gonzaga.edu.