

MENTOR PROGRAM—STUDENT FORM

Name: \_\_\_\_\_

Year in School:  1L  2L  3L

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Practice Area(s) of Interest: \_\_\_\_\_

I would like to participate in the :

1L Mentor Program  E-Mentoring Program

Mentee'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 Mentor Program and to abide by the guidelines of the program. I understand that the alumni in this program are volunteering their time and have guidelines of their own. I will contact the Assistant Dean of Students 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](mailto:alumni@lawschool.gonzaga.edu).