

Next Generation Líderes Mentoring Program

Mentor Application

Please complete the form and return by email, along with a brief copy of your resume and a scan of your employer- or state-issued ID.

Name:	
Employer:	
Work Address:	
Work Phone:	
Home Address:	
Cell:	Email:

College/University Attended:	Year Graduated:
Law School Attended:	Year Graduated:

Describe Current Professional Area of Legal Expertise/Responsibilities:

Other Legal Areas of Expertise/Interest:	
1.	2.
3.	4.

Are you willing and able to commit 2-4 hours per month to participate in NGL related activities (this includes the one-on-one mentoring sessions)? <input type="checkbox"/> Yes <input type="checkbox"/> No

To help us successfully match you to a mentee, please provide the following information:

Have you previously participated in a mentoring program as a: <input type="checkbox"/> Mentor <input type="checkbox"/> Mentee

What are your goals in participating in the NGL program as a mentor?

Would you prefer to be paired with a <input type="checkbox"/> High School Student <input type="checkbox"/> College Undergraduate
Would you be willing to mentor a DACA student? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other preferences (e.g. student from a specific school, borough, etc.):

Are you willing to review your mentee’s written work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to provide mentee with basic academic/career counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to help conduct workshops in any of the following areas?	
<input type="checkbox"/> Interesting Cases or Legal Issues	<input type="checkbox"/> Social Justice/KYR
<input type="checkbox"/> Networking/ Tapping Opportunities	<input type="checkbox"/> Creative Financing
<input type="checkbox"/> Range of Law Careers	<input type="checkbox"/> Professionalism/Interview Techniques
<input type="checkbox"/> Other: <i>Please Specify</i>	

For primary education, did you attend:		
<input type="checkbox"/> public school	<input type="checkbox"/> parochial school	<input type="checkbox"/> private school

Are you a first or second generation American? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, from what country did you or your parents immigrate?
Languages in which you are fluent:

Non-Legal Interest/Hobbies:

Please list two or more references:		
1. Employer/Colleague/Professional		
Name:	Relationship:	Email:
2. Spouse/Domestic Partner/Relative		
Name: Email:	Relationship:	Email:
3. Friend/Acquaintance		
Name:	Relationship:	Email:

Signature: _____ **Date Submitted:** _____

Upon completion of this form, please email to Sonji S. Patrick, LatinoJustice PRLDEF, Director of Education Programs, at spatrick@latinojustice.org