

Illinois Paralegal Association Mentor Program Mentee Application

The Mentoring Program is a volunteer program consisting of members of the Illinois Paralegal Association (the "IPA"). Based upon availability, you will be assigned to a Senior Paralegal (a paralegal with 5+ years of experience) for an initial three (3) month period. Please note that the program does not provide job training or job placement. In order to be assigned a mentor, you must meet <u>all</u> of the following requirements: (1) you must be a member of the IPA, (2) you must be currently employed as a paralegal or in the last year of a paralegal program and (3) you must fall under <u>one</u> of the following categories (check the appropriate box):

Name:	(First)	(Last)		
	(Street Address)			
	(City)	(Stat	e)	(Zip)
	(Telephone)	 (Email)		
		ralegal program, please provide program info	rmation	n and expected
	date: (Name of Employer or Program)	ralegal program, please provide program info		n and expected
	(Name of Employer or Program) (Street Address)			
graduation	(Name of Employer or Program) (Street Address) (City) (Telephone)	(Sta	ate)	(Zip)
graduation How should	(Name of Employer or Program) (Street Address) (City) (Telephone) we contact you (check the box)? Hom	(Sta	ate)	(Zip)
graduation How should Area of Prac	(Name of Employer or Program) (Street Address) (City) (Telephone) we contact you (check the box)? □Hometice/Specialty in which you want to be a	(Sta ————————————————————————————————————	ate) entor pe	(Zip) er Mentee):

Please provide a copy of your resume. Please return your completed application to the IPA at ipa@ipaonline.org.

Illinois Paralegal Association P.O. Box 452 New Lenox, Illinois 60451-0452 Telephone: (815) 630-3535

Email: <u>IPA@ipaonline.org</u>