

**DAVIS-DUNNINGS BAR ASSOCIATION  
MENTORSHIP PROGRAM**

**MENTOR APPLICATION**

Name (please include salutation):	
Employer:	Position:
Law School:	Graduation Date:
Undergraduate Institution (incl. major):	Other Graduate Institution (incl. degree):
Phone(s):	Email:
Best Time to Reach You:	Hometown:

**Past Employer/Positions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment Sector** (select all that apply):

<input type="radio"/> Private practice (firm) <ul style="list-style-type: none"> <li>◇ Litigation</li> <li>◇ Transactional</li> </ul> <input type="radio"/> Public Law <ul style="list-style-type: none"> <li>◇ Litigation</li> <li>◇ Advocacy</li> <li>◇ Policy</li> </ul> <input type="radio"/> Judicial Clerkship	<input type="radio"/> Corporate/In House Counsel <input type="radio"/> Academia <input type="radio"/> Sole Practitioner <input type="radio"/> Political <input type="radio"/> Additional Education (masters, etc.) <input type="radio"/> Non-legal field <input type="radio"/> Other _____
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**Substantive Area** (select all that apply):

<input type="radio"/> Antitrust <input type="radio"/> Bankruptcy <input type="radio"/> Business <input type="radio"/> Civil Rights <input type="radio"/> Criminal <input type="radio"/> Environmental <input type="radio"/> Estate Planning	<input type="radio"/> Family <input type="radio"/> Immigration <input type="radio"/> International <input type="radio"/> Labor <input type="radio"/> Mergers and Acquisitions <input type="radio"/> Probate <input type="radio"/> Healthcare	<input type="radio"/> Regulatory <input type="radio"/> Securities <input type="radio"/> Tax <input type="radio"/> Other _____ _____ _____
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**Organizational Affiliations** (bar associations, affinity groups, clubs, etc.) *optional*:

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**Hobbies** *optional*:

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**Preferences**

What would be the best times for you to meet? Please check the times you prefer:

Weekday Morning     Weekday Afternoon     Weekday Evening

Weekend Morning     Weekend Afternoon     Weekend Evening

Do you have a mentee gender preference?  Male  Female  No

**Other Relevant**

**Information/Preferences:** \_\_\_\_\_

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If you have any questions about this program or this application, please contact Angel Moore at [amoore@hamiltonchn.org](mailto:amoore@hamiltonchn.org). Please return your completed application by e-mail or by mail to Davis-Dunnings Bar Association, Attn: Mentorship Program, P.O. Box 18222, Lansing, Michigan 48901, [executiveboard@davisdunningslaw.com](mailto:executiveboard@davisdunningslaw.com), or at the DDBA monthly meeting.