

**THE MISSISSIPPI BAR MENTORING PILOT PROGRAM  
PROSPECTIVE BAR MEMBER SIGN-UP FORM**

**Applicant's Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Law School:** \_\_\_\_\_

**1. If known, where will you practice law upon admission to the Bar? Please list the name, address, and telephone number of the firm, agency, corporation, or other entity where you will be employed:**

**Firm Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Future Employment Unknown at this time** \_\_\_\_\_

**If unknown, please provide additional post-graduation contact information:**

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

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**If known, does your future employer have a mentoring program currently in place?**

\_\_\_\_\_ **Yes**          \_\_\_\_\_ **No**          \_\_\_\_\_ **Unknown**

**If so, please describe the program.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you willing to participate on a volunteer basis in a MS Bar sponsored mentoring program?**

\_\_\_\_\_ **Yes**          \_\_\_\_\_ **No**

**Are you willing to meet with an experienced attorney on a monthly basis to discuss issues of professionalism and mentoring?**

\_\_\_\_\_ **Yes**          \_\_\_\_\_ **No**

**Do you know an experienced attorney whom you would like to serve as your mentor?**

\_\_\_\_\_ **Yes**          \_\_\_\_\_ **No**

**If so, please list his or her name, address, and telephone number below.**

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

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

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Complete and Return to: Mentoring Program, The Mississippi Bar, P O Box 2168, Jackson MS 39225-2168,  
fax 601-355-8635, email [kfreeman@msbar.org](mailto:kfreeman@msbar.org), phone 601-948-4471**