



SAN FRANCISCO SUPERIOR COURT JUDICIAL MENTOR PROGRAM APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

HOME ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

WORK ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **CELL PHONE:** _____

HAVE YOU APPLIED TO A JUDICIAL MENTOR PROGRAM IN ANY OTHER COUNTY?
_____. **IF YES, PLEASE IDENTIFY THE COUNTY:** _____

TELL US ABOUT YOURSELF AND WHAT YOU HOPE TO GAIN FROM THE MENTOR PROGRAM _____

PLEASE ATTACH YOUR RESUME AND ANSWER QUESTIONS BELOW THAT ARE NOT INCLUDED IN IT.

DESCRIBE BAR ASSOCIATION PARTICIPATION/LEADERSHIP (SPECIALTY BARS/LOCAL/STATE/NATIONAL):

DESCRIBE ANY PRO TEM EXPERIENCE: _____



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DESCRIBE COMMUNITY INVOLVEMENT/SERVICE: _____

**PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO
KNOW IN ASSIGNING A MENTOR:** _____

CERTIFICATION

I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA
JUDICIAL MENTOR PROGRAM:

- **I HAVE AT LEAST 8 YEARS OF EXPERIENCE AS A LAWYER IN CALIFORNIA
AND HAVE BEEN LICENSED IN CALIFORNIA FOR AT LEAST 8 YEARS**
- **I AM IN GOOD STANDING WITH THE BAR**
- **I AM COMMITTED TO THE PRACTICE OF LAW AND PUBLIC SERVICE**

SIGNATURE: _____ **DATE:** _____

EMAIL COMPLETED APPLICATION TO JUDICIALMENTORS@SFTC.ORG

REMINDER: ATTACH A COPY OF YOUR RESUME TO YOUR APPLICATION