

SOUTH JERSEY PARALEGAL ASSOCIATION

A Non Profit Corporation
P. O. Box 355
Haddonfield, NJ 08033
www.sjpparalegals.org

Date Completed: _____

MENTORING PROGRAM

MENTOR Questionnaire

Name: _____

Preferred e-mail: _____ Phone: _____

Number of years as a working Paralegal: _____

Area(s) of law as well as the length of time you worked in each:

Area _____ Years _____

Area _____ Years _____

Area _____ Years _____

Have you ever been a mentor in your work life (either formal or informal)?

No _____ Yes _____ Was this a formal or informal mentoring experience? _____

Please describe the benefits of being a mentor:

How much time are you able/willing to dedicate to mentoring?

One hour per week _____ One hour per month _____ Two hours per month _____

Other (please explain) _____

What type of Mentee do you prefer:

_____ Entry Level Paralegal
_____ Graduating Paralegal Student
_____ Either

1. What benefits do you hope to obtain from the SJPA Mentoring program?

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2. Describe any concerns you have about participating in the SJPA Mentoring Program.

I have read and agree to be bound by the terms of the SJPA Mentoring Program Guidelines.

(Signature)

Questions?

Contact: professionaldevelopment@sjparalegals.org
or
president@sjparalegals.org

