



**I NEED A MENTOR!**

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

Employment Status/Employer: \_\_\_\_\_  
(if a student, list the educational institution and/or program enrolled in)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Area of study/interest: \_\_\_\_\_

Preferred method of communication with mentor: \_\_\_\_\_

Preferred time commitment: \_\_\_\_\_

Other comments/helpful information about your mentoring needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to Christina Hayes at: [info@madisonparalegal.org](mailto:info@madisonparalegal.org)