



MENTOR APPLICATION

Are you interested in empowering future leaders? Would you like to share your positive experiences in TIDA with a new or younger TIDA member? The Mentor Program is designed to achieve these goals and we invite you to be a mentor today. The program is voluntary and open to all TIDA members regardless of how long they have been TIDA members. Please complete this Mentor application and return to TIDA's administrative office via fax 410-931-8111 or email to renee@tida.org. You should expect to receive a Mentoring Packet and additional information about a Mentee within 30 days.

NAME: _____

FIRM: _____

CITY: _____ STATE: _____ PHONE: _____

EMAIL: _____ FAX: _____

FIRM WEBSITE: _____

MEMBER TYPE: Attorney _____ Industry _____ Vendor _____

Do you prefer Mentor who is male _____ female _____ or doesn't matter _____

While the level of interaction will differ among mentor/mentee pairs, your service is vital to the success of this program. Please tell us about any short-term or long-term commitments or obligation that we should take into consideration when assigning a mentee to you.

Please tell us about any interests or hobbies that might help us match you with a mentee:

The Mentor Committee reserves the right to remove a mentor if circumstances prevent or preclude the mentor from actively participating in this program.

Signature of applicant

Date

FOR TIDA OFFICE

DATE OF MATCH: _____

MENTEE NAME: _____

FIRM: _____