Alumni Mentor Participation Survey

ALUMNI MENTOR FORM

- ( ) Yes, I would like to be an alumni mentor for a UCLAW student, please send me additional information;
- ( ) No, I am not interested in being an alumni mentor, but I would like to participate. Please contact me about other Alumni/Career Services opportinities as they arise;
- ( ) No, I am not interested in being an alumni mentor, and I am unable to participate at this time;

First Name:

Last Name:

Title:

( ) Mr. ( ) Ms. ( ) Mrs. ( ) Dr. ( ) Other

Business Address:

City:

U.S. State/Territory:

Province (Canada Only):

Zip Code:

Country:

- Please select a country

Community or Bar activities:

The best time to reach me is:

- [ ] During Week
- [ ] Morning (9 am - 12 noon)
- [ ] Afternoon
- [ ] Evening

Class Year:

Employer Name:

If available, please list your employer's home page address:

Telephone Number:

Fax:

E-mail:

Practice Area(s):

If possible, we may be able to match you with a student who has indicated a special interest in working with a mentor who has identified him/herself as a member of a special group (e.g. second career students, married students, people of color, gay/lesbian, women, etc.) If you are interested in such a match please tell us: