



# CAPA MENTOR SIGN UP FORM

1. Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone No.: \_\_\_\_\_  
Text messaging: YES \_\_\_\_\_ NO \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Employer: \_\_\_\_\_
6. Employer Area of Town: \_\_\_\_\_
7. CAPA Membership Status: \_\_\_ Voting \_\_\_ Associate  
Number of years' experience as a paralegal: \_\_\_\_\_
8. Practice Areas: What area of law/specialty area are you familiar with and willing to provide guidance to a Protege:  

<input type="checkbox"/> Administrative, Governmental and Regulatory	<input type="checkbox"/> Environmental and Natural Resources
<input type="checkbox"/> Banking, Finance and Investment	<input type="checkbox"/> Public Utility, Energy & Energy Resources Law
<input type="checkbox"/> Civil Trial Litigation	<input type="checkbox"/> Family Law
<input type="checkbox"/> Alternative Dispute Resolution	<input type="checkbox"/> Real Estate Law
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Freelance
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Tax Law
<input type="checkbox"/> Estate Planning & Probate Law	<input type="checkbox"/> Immigration Law
<input type="checkbox"/> Personal Injury Trial Law	<input type="checkbox"/> Civil Rights
<input type="checkbox"/> Consumer Law	<input type="checkbox"/> Education Law
<input type="checkbox"/> Intellectual Property Law	<input type="checkbox"/> Elder Law
<input type="checkbox"/> Labor & Employment Law	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Corporate Law	<input type="checkbox"/> Fiduciary Litigation

9. What type of guidance are you comfortable providing to a Protege?

- General paralegal knowledge
- Procedural knowledge in a specific area of law
- Networking with other paralegal professionals
- Gaining knowledge of and participation in CAPA activities
- Guidance on work related conflict, stresses, and career guidance
- Resume review
- Other: \_\_\_\_\_

10. Are you open to being paired with a Protégé who has limited to no knowledge in the area of law that you are familiar with? (These Proteges will generally be students in a paralegal program or recently graduated.)

YES \_\_\_\_\_ NO \_\_\_\_\_

*(If you select "No", please note that we will add you to a waiting list until we can pair you with a practicing paralegal in an area of law that you are familiar with.)*

11. Can you commit to be responsive to reasonable communication efforts by your Protege and will you let us know if your Protege does not respond to your communication efforts?

YES \_\_\_\_\_ NO \_\_\_\_\_

Your Protege assignment will be for one (1) year and you will be required to sign up again for another year if you would like to continue with the Mentor Program. Proteges will be paralegals who have less than 3 years work experience as a paralegal, who have spent less than 3 years working in their current field of law, or are looking to change areas of law.

The undersigned certifies that he/she has read the guidelines for Mentor applicants and agrees to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return the signed and completed form to:

**Catherine Mackoy & Laura Kliman, Co-Chairs Mentor Committee**

**Email: [mentor@capatx.org](mailto:mentor@capatx.org)**

**If you need to mail or fax it, please email for address or fax number**