California Judicial Mentor Program Application
San Joaquin/Stanislaus/Tuolumne/Calaveras

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

HOME ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

WORK ADDRESS _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ **CELL PHONE:** _____

COUNTIES OF INTEREST

LIST THE COUNTIES TO WHICH YOU ARE THINKING OF APPLYING IN ORDER OF PREFERENCE:

_____

_____

MENTORSHIP

I REQUEST A MENTOR WITH THE FOLLOWING PERSONAL BACKGROUND, IF POSSIBLE:

RACE/ETHNICITY: _____ **GENDER:** _____

SEXUAL ORIENTATION: _____ **GENDER IDENTITY:** _____

DISABILITY: _____

MENTOR RAISED FAMILY DURING JUDICIAL CAREER: _____

RESUME

ATTACH YOUR RESUME AND ANSWER QUESTIONS BELOW THAT ARE NOT INCLUDED IN IT.

DESCRIBE BAR ASSOCIATION PARTICIPATION/LEADERSHIP (SPECIALTY BARS/LOCAL/STATE/NATIONAL):

_____

_____

_____

DESCRIBE PRO TEM EXPERIENCE: _____

_____

_____

DESCRIBE COMMUNITY INVOLVEMENT/SERVICE: _____

_____

_____

PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO KNOW IN ASSIGNING A MENTOR:

_____

_____

_____

CERTIFICATION

I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA JUDICIAL MENTOR PROGRAM, WHICH ARE:

- **I HAVE AT LEAST 8 YEARS OF EXPERIENCE AS A LAWYER IN CALIFORNIA AND HAVE BEEN LICENSED IN CALIFORNIA FOR AT LEAST 8 YEARS**
- **I AM IN GOOD STANDING WITH THE BAR**
- **I AM COMMITTED TO PUBLIC SERVICE**

SIGNATURE:_____**DATE:** _____

EMAIL COMPLETED APPLICATION TO: bak@sjcourts.org

***INCLUDE A COPY OF YOUR RESUME

THE FOLLOWING INFORMATION IS OPTIONAL.

Please identify all of the sources from which you learned about the Judicial Mentor Program:

☐ Court Web site / flyer

☐ Community/civic/professional organization: _____
(Name of Organization)

☐ Referred by: _____ _____
(Name and position)

☐ Other: _____ _____

Please provide the following information about yourself. This information is requested for statistical purposes only:

Gender: ☐ Female ☐ Male

Race/Ethnicity: Mark one or more of the following race and ethnicity categories.

☐ American Indian / Alaska Native
☐ Asian
☐ Black / African American
☐ Hispanic/Latino
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Other race or ethnicity (please state):_____
☐ Decline to answer

Age range: ☐ 25–34 ☐ 35–44 ☐ 45–54 ☐ 55–64 ☐ 65–74 ☐ 75 or over