

**WOMEN'S BAR ASSOCIATION OF MARYLAND (Montgomery County Chapter)  
for the Women's Empowerment Program (WEM)  
*Mentee Application Form***

If you're interested in participating in this program as a Mentee, please complete the following form.

Applicant's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Demographics:

Date of Birth: Click or tap to enter a date.

Preferred Gender:

Race: Choose an item.

Ethnicity: Choose an item.

Contact Information:

Address \_\_\_\_\_

Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

I preferred to be contacted by: Choose an item.

Between these hours: Choose an item.

**Interests – information collected on this form will be used in the mentor-mentee matching**

List any extra-curricular activities, academic interests, hobbies, etc. you currently pursue or hope to pursue.

List your top 3 goals you have for this year.

**Your mentorship expectations and needs**

Why do you want to be involved with this program?

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What are your expectations of your mentor? What type of relationship do you wish to develop with your assigned mentor?

Please list the names and ages of your children as well as any concerns you currently have for your children.

Please provide a copy of your most recent resume if you have one, or list your work experiences if you do not have a resume.

Please note any open court cases you are involved in so that we can ensure a conflict does not exist.

By signing and submitting this form, I agree to the following:

1. to be matched with a mentor who has been arranged for me through the WBA
2. to be contacted by the assigned mentor
3. that a conflict check will be done in order to avoid any potential legal conflicts between WBA, the mentor and the mentee.

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Signature

Date

Return this form to:

Address, Attn: Theresa Chernosky, WBA.WEM@gmail.com , or WEM, c/o Bours and Lucero, LLC, 401 E.  
Jefferson St. Ste 103, Rockville, MD 20850

If you have questions, please contact:

Theresa Chernosky, WBA.WEM@gmail.com