

# SOUTH JERSEY PARALEGAL ASSOCIATION

A Non Profit Corporation  
P. O. Box 355  
Haddonfield, NJ 08033  
www.sjparalegals.org

Date Completed: \_\_\_\_\_

## MENTORING PROGRAM

### MENTOR Questionnaire

Name: \_\_\_\_\_

Preferred e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of years as a working Paralegal: \_\_\_\_\_

Area(s) of law as well as the length of time you worked in each:

Area \_\_\_\_\_ Years \_\_\_\_\_

Area \_\_\_\_\_ Years \_\_\_\_\_

Area \_\_\_\_\_ Years \_\_\_\_\_

Have you ever been a mentor in your work life (either formal or informal)?

No \_\_\_\_\_ Yes \_\_\_\_\_ Was this a formal or informal mentoring experience? \_\_\_\_\_

Please describe the benefits of being a mentor:

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How much time are you able/willing to dedicate to mentoring?

One hour per week \_\_\_\_\_ One hour per month \_\_\_\_\_ Two hours per month \_\_\_\_\_

Other (please explain) \_\_\_\_\_

What type of Mentee do you prefer:

\_\_\_\_\_ Entry Level Paralegal  
\_\_\_\_\_ Graduating Paralegal Student  
\_\_\_\_\_ Either

1. What benefits do you hope to obtain from the SJPA Mentoring program?

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2. Describe any concerns you have about participating in the SJPA Mentoring Program.

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I have read and agree to be bound by the terms of the SJPA Mentoring Program Guidelines.

\_\_\_\_\_  
(Signature)

**Questions?**

Contact: professionaldevelopment@sjparalegals.org  
or  
president@sjparalegals.org

