



MENTORSHIP PROGRAM
Application Form as a Mentor *

The Hellenic Jurists Association of Québec has created the Mentorship Program to pair any of its members with an experienced lawyer or notary (mentor).

The main purpose of the Mentorship Program is to provide guidance and advice to lawyers and notaries regarding their career development and the challenges they may face in their profession.

It provides the mentor with an opportunity to contribute to a mentee's personal and professional growth by sharing knowledge, expertise and experience on a strictly volunteer and confidential manner.

Last name: _____ First name: _____
 Address: _____
 Telephone: _____ Year admitted: _____
 Email: _____

MENTOR'S FIELD(S) OF PRACTICE

- | | |
|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Civil/Commercial | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Commercial/Corporate | <input type="checkbox"/> Wills and Successions |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Family |
| <input type="checkbox"/> Tax | <input type="checkbox"/> Other |
| <input type="checkbox"/> Criminal/Penal | |

I would prefer being matched with: Male _____ Female _____ English _____ French _____
 I have **no** preference as to gender or language _____

Indicate what areas or services you are prepared to offer as part of your mentoring duties:
*(indicate in order of preference, with 1 being your highest priority**)*

<input type="checkbox"/> How to build a professional network/ Business development	<input type="checkbox"/> Develop and enhance interpersonal skills
<input type="checkbox"/> Professional Issues	<input type="checkbox"/> Develop and maintain harmonious work relations
<input type="checkbox"/> Work/Family balance	<input type="checkbox"/> Career Development
<input type="checkbox"/> Ethical matters	<input type="checkbox"/> Practice administration
<input type="checkbox"/> Resource guidance	<input type="checkbox"/> Other _____

Signature

Date

* Please return this form at the following address: info@ajhq.ca

** The Hellenic Jurists Association of Québec will try to respect preferences wherever possible.