

*GATE CITY BAR  
SAGE MENTORING PROGRAM*

**APPLICATION**

Circle the role you wish to play: Mentor \_\_\_\_\_ Mentee \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Years of Practice \_\_\_\_\_

**Please answer the following questions:**

Q. How many years have you been in practice in Georgia?

Q. What year were you admitted to practice in the state of Georgia?

Q. What is your primary area of practice(s)?

Q. What is your idea of a mentoring relationship?

Q. What expertise can you provide to a practicing lawyer?

Q. What types of issues have arisen in your practice?

Q. What type of assistance would you expect from a mentor?