

Kozyak Minority Mentoring Foundation
MENTOR APPLICATION

BIOGRAPHICAL INFORMATION

Name: _____

Title/Position: _____

Department: _____ Assistant's Name: _____

Firm/Company _____

Address: _____

Phone: _____ Cell : _____ Fax: _____

E-Mail: _____

Home Address: _____

Home Phone: _____

Which contact information do you want released to students?

All or Business Fax Cellular Home

Legal Education: Institution: _____

Degree/Year: _____

MATCHING CRITERIA

Please describe yourself to help make the most appropriate match:

Gender: Female Male Age: 25-29 30-39 40-49 50+

Years in Practice: 3-6 7-10 11-15 16+

Number of students you are willing to mentor: 1 2 3

In what settings have you practiced law:

- Small Firm (1-5 Attys) Medium Firm (6-20 Attys) Large Firm (20+ Attys)
 Legal Services Corporation Corporate In-House Public Interest Law Group
 Government (circle: local / state / federal) Other: _____

Describe your current work setting: _____

PROFESSIONAL EXPERIENCE

Describe the areas of practice in which you have a particular interest and their order of relevancy

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Administrative Law | <input type="checkbox"/> Condominium/Co-ops | <input type="checkbox"/> Family | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Admiralty/Maritime | <input type="checkbox"/> Construction/Mechanics Lien | <input type="checkbox"/> Health Care | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Anti-trust | <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Immigration/Business | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Appellate | <input type="checkbox"/> Corporate | <input type="checkbox"/> Immigration/Naturalization | <input type="checkbox"/> Public Interest |
| <input type="checkbox"/> Arbitration/Mediation | <input type="checkbox"/> Criminal | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> E-commerce | <input type="checkbox"/> Intellectual Property/Patent | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Elder Law | <input type="checkbox"/> International | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Eminent Domain | <input type="checkbox"/> Juvenile Law | <input type="checkbox"/> Sports/Entertainment |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Environmental/Land Use/Zoning | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Estates and Trusts | <input type="checkbox"/> Military Law | <input type="checkbox"/> _____ |

Other(s) (please specify): _____

Areas in which you are board certified: _____

Local Bar Association(s): _____

Other State Bar Association(s): _____

Courts before which you are admitted to practice: _____

RESUME

If you have a current resume that includes your educational background, work experience, membership, and recognitions, please attach a copy to help facilitate the matching process.

What special experiences have you had that might be valuable to share with a student (e.g., starting your own business, changing career paths, relocation, family issues, corporate culture)?

Thank you for participating in the Kozyak Minority Mentoring Foundation's Program.

Please send this application to:

John W. Kozyak, Esq.
Kozyak Tropin & Throckmorton
2525 Ponce de Leon Blvd., 9th Floor
Coral Gables, Florida 33134

john@kmmfoundation.org | 305-372-1800