



Request to Be a Volunteer Mentor

Name: _____ Firm/Employment: _____

Mailing Address: _____

Telephone: _____ Email: _____

Preferred method of contact: telephone email

Are you a current OCPA Member?¹ yes no # of years paralegal experience: _____

Location of employer: _____

To help facilitate a mentor/protégé match, please provide reason(s) for request:

Paralegal background (include types of law, whether firm or in-house, etc.)

CP or ACP or CAS? yes no If yes, specify: _____

Other information that would facilitate making a match: _____

Availability: Phone calls yes no; Meetings yes no. If yes, specify best time for phone calls or meetings _____

As a prospective Mentor of OCPA, I hereby agree that I am a member in good standing of OCPA with more than 3 years of paralegal experience.

Date: _____ Signature: _____

Submit this completed request to:
mentor@ocparalegal.org

Thank you for your interest in OCPA's Mentor/Protégé Program! You will be hearing from the OCPA Mentor Chair soon. Mentors will also be required to sign a Confidentiality Agreement.

¹ NOTE: To qualify as a mentor, you must be a current member of OCPA.

FOR OCPA Use Only

Date Received: _____ Date Matched: _____

Name of Protégé: _____



MENTOR/PROTÉGÉ PROGRAM – MENTOR CONFIDENTIALITY AGREEMENT

Due to your access to Confidential Information¹, mentors must sign this agreement.

In connection with participating in the OCPA Mentor/Protégé program, I agree to the following:

I have read and understand the definition of “Confidential Information.” I agree that I will not at any time, both during and after my participation as a Mentor in OCPA’s Mentor/Protégé Program, communicate or disclose Confidential Information to any person, corporation, or entity, unless required by applicable law or legal process or if there is a threat of physical harm to either party or to others and the confidentiality agreement must be broken to seek protection for the endangered individual.

I agree that I am a willing participant in OCPA’s Mentor/Protégé Program, and commit to meeting with and communicating with my Protégé on a regular basis. If I am unable to attend a scheduled meeting, I will provide advanced notice to my Protégé.

I agree to a no-fault conclusion of this relationship. If for any reason the relationship seems inappropriate, either party has the option of discontinuing the relationship. He or she should discuss this decision with the Mentor Coordinator before terminating the relationship.

I further agree that OCPA, its Board members and/or employers will not be liable for the guidance, suggestions, and/or advice provided during the mentoring relationship.

Date: _____

By: _____
Mentor’s Signature

Submit this completed form to:

mentor@ocparalegal.org

¹ “Confidential Information” means any information of a secret or confidential nature learned in, relating to or participating in the OCPA Mentor/Protégé program. Confidential Information may include, but is not limited to, the following: attorney/client work product, attorney/client information, trade secrets, proprietary information, documents, data, manuals, notebooks, reports, software, information systems, contracts, negotiations, strategic planning, proposals, business alliances, billing information, training materials and issues/concerns discussed during mentor/protégé meetings.

FOR OCPA Use Only

Date Received: _____ Date Matched: _____

Name of Protégé: _____