



**Protégé’s Request for Mentor**

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

Firm/School: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  telephone  email

Are you a current OCPA Member?<sup>1</sup>  yes  no

Are you currently a paralegal student?  yes  no

# of years paralegal experience: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

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

\_\_\_ Career objectives

\_\_\_ Education goals

\_\_\_ Current information on the paralegal profession,  
including certification

\_\_\_ Resumé review

\_\_\_ Networking/Interview Tips

\_\_\_ Other: \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please remember to submit a copy of your current resume with your application.

Submit this completed request, with a copy of your resume, to:  
[mentor@ocparalegal.org](mailto:mentor@ocparalegal.org)

Thank you for your interest in OCPA’s Mentoring Program! You will be hearing from the OCPA Mentor Chair soon.

<sup>1</sup> NOTE: To qualify as a protégé, you must be a current member of OCPA.

**FOR OCPA Use Only**

Date Received: \_\_\_\_\_ Date Matched: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_



**MENTOR/PROTÉGÉ PROGRAM –PROTÉGÉ CONFIDENTIALITY AGREEMENT**

Due to your access to Confidential Information<sup>1</sup>, protégés 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 Protégé 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 Mentor on a regular basis. If I am unable to attend a scheduled meeting, I will provide advanced notice to my Mentor.

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: \_\_\_\_\_

Protégé’s Signature

Submit this completed form to:  
OCPA 2020 Mentor Chair  
[mentor@ocparalegal.org](mailto:mentor@ocparalegal.org)

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<sup>1</sup> “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: \_\_\_\_\_