

Participant Application

Name:

Date of Application:

State Bar Number:

Year of Admission to California State Bar:

Please attach a resume, or let us know where you went to school and about your work background.

Tell us why you are interested in being a participant in this program:

This program requires that you meet with your mentor about every two weeks between June and September (with adjustments for vacations), and that you set aside at least two hours between meetings to spend doing the editing and analysis that you and your mentor have agreed on at the most recent meeting. Are you prepared to make this commitment?

☐ Yes

☐ Maybe. Here are my concerns/constraints:

What has been your involvement with diversity issues?

Please list two professional references.

1)

2)

If you are in a law firm of 2 or more attorneys, please have the managing partner at your firm sign below, to indicate agreement that you can participate in the program.

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Signature Date

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Name Firm

Please list your bar association membership. To apply you must be a member of the ACBA, CMCP, and one or more of the EBDBC bar associations. Discounts available.

Please submit your completed application to Tiela Chalmers at [tiela@acbanet.org](mailto:tiela@acbanet.org), or Tiela Chalmers, ACBA, 1000 Broadway, Suite 480, Oakland, CA 94607.