



**MLST MENTORSHIP PROGRAM**  
Mentee/Mentor Application Form

<b>MY CONTACT INFORMATION:</b>	
NAME	
COMPANY	
TITLE	
MAILING ADDRESS	
PHONE	
EMAIL	
LAW/MEDICAL SCHOOL	
GRADUATION YEAR	
AREA(S) OF SPECIALIZATION	
APPLYING TO BE A	<input type="radio"/> Mentor <input type="radio"/> Mentee
CURRENT MLST MEMBER:	<input type="radio"/> YES <input type="radio"/> NO

**WHO I WOULD LIKE TO BE PAIRED WITH:**

PROFESSION

Lawyer  Physician  Either

AREA(S) OF  
SPECIALIZATION  
AND/OR TYPE OF  
WORKPLACE

GENDER

Male  Female  Either

ANY OTHER  
PREFERENCES

**WHAT I AM HOPING TO GET OUT OF THIS EXPERIENCE:**

**MEETING FORMAT:**  EMAIL  PHONE  ZOOM

**MEETING FREQUENCY:**  BI-MONTHLY  MONTHLY  QUARTERLY