

# Santa Cruz County Superior Court Judicial Mentor Program Application

## PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_  
STREET ADDRESS APT/UNIT #  
CITY STATE ZIP CODE

WORK ADDRESS: \_\_\_\_\_  
STREET ADDRESS APT/UNIT #  
CITY STATE ZIP CODE

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## PRIOR APPLICATION FOR JUDICIAL APPOINTMENT

YES NO

\*\*IF YES, DATE(S) APPLIED: \_\_\_\_\_

COUNTIES IN ORDER OF PREFERENCE: \_\_\_\_\_

HAVE YOU BEEN SENT TO JNE: YES NO  
  DATE OF JNE INTERVIEW: \_\_\_\_\_

\*\* IF NO, LIST THE COUNTIES YOU PLAN ON APPLYING TO IN ORDER OF PREFERENCE:  
\_\_\_\_\_  
\_\_\_\_\_

## MENTORSHIP

I REQUEST A MONTOR WITH THE FOLLOWING PERSONAL BACKGROUND, IF POSSIBLE:

RACE/ETHNICITY: \_\_\_\_\_ GENDER: \_\_\_\_\_

SEXUAL ORINTATION: \_\_\_\_\_ GENDER IDENTITY: \_\_\_\_\_

DISABILITY: \_\_\_\_\_

MENTOR RAISED FAMILY DURING JUDICAL CAREER: \_\_\_\_\_

**RESUME**

ATTACH YOUR RESUME AND ANSWER QUESTIONS BELOW THAT ARE NOT INCLUDED IN IT.

DESCRIBE BAR ASSOCIATION PARTICIPATION / LEADERSHIP (SPECIALTY BARS / LOCAL / STATE / NATIONAL):

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DESCRIBE PRO TEM EXPERIENCE:

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DESCRIBE COMMUNITY INVOLVEMENT / SERVICE:

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PROVIDE ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE COMMITTEE TO KNOW IN ASSIGNING A MENTOR:

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**CERTIFICATION**

*I CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS FOR THE CALIFORNIA JUDICIAL MENTOR PROGRAM, WHICH ARE:*

- *I HAVE AT LEAST 10 YEARS OF EXPERIENCE AS A LAWYER IN CALIFORNIA AND HAVE BEEN LICENSED IN CALIFORNIA FOR AT LEAST 10 YEARS*
- *I AM IN GOOD STANDING WITH THE BAR AND THE COMMUNITY*
- *I AM COMMITTED TO PUBLIC SERVICE*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL COMPLETED APPLICATION TO: [judicialmentor@santacruzcourt.org](mailto:judicialmentor@santacruzcourt.org)

\*\*\*\*\* INCLUDE A COPY OF YOUR RESUME \*\*\*\*\*