



Fall 2009 Mentoring Circle Statement of Interest

FULL NAME: _____

FIRM, SCHOOL OR EMPLOYER: _____

OFFICE ADDRESS: _____

OFFICE PHONE: () _____ **FAX:** () _____

HOME PHONE: () _____ **EMAIL:** _____

PRIMARY PRACTICE AREA(S): (1) _____ (2) _____ (3) _____

The following information will help GAWL best evaluate the particular needs and composition of each Circle:

How many years have you been in practice? _____

What type of environment do you practice in?

small firm (less than 10 lawyers) mid-sized firm (less than 75 lawyers) large firm (more than 75 lawyers)
 in-house academic solo practitioner public interest counsel government

In what primary geographical location would you be most interested in meeting with a Mentoring Circle? (rank top 3 choices)

Buckhead Midtown Downtown Decatur Cumberland/I-75 Perimeter
 Other (specify _____)

When would you prefer to meet with a Circle? (rank preferences)

Breakfast Lunch After work

Would you be interested in acting as a facilitator of your particular Mentoring Circle?

yes no maybe

Although the Circles do not necessarily have a set format, we will provide a list of potential topics for discussion. What topics would you like to see a Mentoring Circle discuss?

What are some goals you hope to achieve by participating in a Mentoring Circle?

I am a current GAWL member or will become one before participating in a Mentoring Circle? (initial your consent) _____

Mentoring Circles will meet once per month. I commit to missing no more than three (3) meetings per year. (initial your consent) _____

Please return Statements of Interest by November 6, 2009 to:

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or

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