



NEW YORK STATE BAR ASSOCIATION

One Elk Street, Albany, New York 12207 • PH 518.463.3200 • www.nysba.org

Mentoring Volunteer Form

Thank you for your willingness to mentor an up-and-coming member of the Elder Law & Special Needs Section!

Name: _____

Law firm, agency or organization: _____

Address: _____

(include County) _____

Phone number: _____

E-mail: _____

College, Law School(s) attended and year of graduation: _____

Description of practice within Elder Law _____

Personal information/
Outside interests _____

What would be the ideal match for you? _____

Would you be willing to accept more than one Mentee? _____

Do you prefer a Mentee Located in your county? _____

Which Section Committees do you currently participate in or may be interested in Joining? _____

**Please return this form to
Richard A. Weinblatt (raw@hwclaw.com)**