



Osgoode Hall Law School Alumni Association MENTOR INFORMATION

OSGOODE HALL LAW SCHOOL
YORK UNIVERSITY

PLEASE COMPLETE THIS FORM AND MAIL, FAX OR E-MAIL TO:

Advancement Office, Osgoode Hall Law School

4700 Keele Street, Room 415

Toronto, ON M3J 1P3

Phone 416-736-5638

Fax 416-736-5629

mentor@osgoode.yorku.ca

Contact Information

Name: _____
Last First

Home Address: _____
Street Apt. #

City Province Postal Code

Phone: _____

Work Address: _____
Street Apt. #

City Province Postal Code

Phone: _____

E-mail address: _____

Year of Graduation: _____

Type of Employer

Please check the applicable box:

Size of Firm: Small (<10) Small/Mid (10-35) Mid (35-75) Large (75+)

- Private corporation (in-house)
- Sole Practitioner
- Government office/agency
- Legal clinic
- Academic institution
- Non-govt. public service organization
- Other (specify)

Area of Law

Please check 3 main areas of your practice:

- Aboriginal
- Arbitration/Mediation
- Academia/Legal Education
- Banking/Finance
- Administrative
- Bankruptcy

- | | | |
|--|--|--|
| <input type="checkbox"/> Communications/Tech | <input type="checkbox"/> Children's Rights | <input type="checkbox"/> Civil Litigation |
| <input type="checkbox"/> Constitutional | <input type="checkbox"/> Corporate/Commercial | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Entertainment/Sports | <input type="checkbox"/> Environmental | <input type="checkbox"/> Estates/Wills |
| <input type="checkbox"/> Family | <input type="checkbox"/> Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Immigration | <input type="checkbox"/> IP/Patent/Trademark |
| <input type="checkbox"/> International Trade | <input type="checkbox"/> Labour/Employment | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Municipal | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Public Interest (specify) _____ | | |
| <input type="checkbox"/> Tax | <input type="checkbox"/> Worker's Compensation | |
| <input type="checkbox"/> Other (specify) _____ | | |

Employment History

Please indicate where you completed your articles and your most recent past employer (if different from current employer):

Articled: _____

Most Recent Employer: _____

Title: _____

Law School and Undergraduate

Please list any student organizations you participated in while attending Osgoode.

What was your undergraduate area of study?

Is there anything else about your academic or employment experience that you feel would be relevant to matching you with a student (eg. Mature student, Aboriginal, Access, combined program, etc.)?

Personal Information

What are your hobbies or interests?

Other

Please indicate why you are interested in participating in the mentor program.

Would you be willing to have an upper-year student job shadow for a day or half-day?

- Yes No

We are planning to post biographies of all our mentors on the Osgoode Alumni website. This will enable students from your mentor group to learn more about you before your first meeting, and allow students who are interested in your practice area but who are not in your group to ask you questions (you are under no obligation to meet with any additional students). Are you interested in having your biography posted on the Osgoode Alumni website? Yes No

If you would like to include a picture to accompany your bio on the Alumni website, please attach an electronic version, or send a copy to be scanned.

Is there any additional information you would like to provide for a biography that has not been covered by this form?

Voluntary Information

On occasion, participants in the Osgoode Hall Law School Mentoring program request to be matched with participants from diverse communities. To better facilitate an effective match between mentors and mentees, please check any of the following communities of which you consider yourself to be a member:

- Aboriginal
- Gay/Lesbian/Bisexual
- Other Equality-seeking Communities (women, transgender, etc.)
- Francophone
- Racialized Community

Please Specify: _____

- Persons with Disabilities– Please specify the nature of disability/disabilities:
 - Hearing
 - Intellectual
 - Communication
 - Mental Health
 - Other – Please Specify: _____

Thank you for taking the time to complete this form.