



OSGOODE HALL LAW SCHOOL
YORK UNIVERSITY

Osgoode Hall Law School Alumni Association MENTOR PROGRAM APPLICATION

**PLEASE COMPLETE THIS FORM AND DROP IT OFF AT THE ALUMNI OFFICE BY Monday,
SEPTEMBER 15th, OR 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: _____

E-mail address: _____

What section are you in? (please circle one) A B C D

Area of Law

If you have an interest in a particular area(s) of law or a type of practice, you have the option of checking it below, but it is not necessary to specify. We will do our best to place you with an upper year with similar interests, but cannot guarantee a match in a specific area.

Please check 3 main areas of interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Academia/Legal Education | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Arbitration/Mediation | <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> 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 | <input type="checkbox"/> Tax | <input type="checkbox"/> Worker's Compensation |

Previous Educational Experience

Undergraduate/Graduate School: _____

What was your undergraduate/graduate field of study?

Is there anything else about your academic, employment, or personal experience that you feel would be of importance in matching you with an upper year (eg. Mature Student, Aboriginal, combined program, etc.)?

Personal Information

What are your hobbies or interests?

Other

What do you hope to learn through your involvement in the Mentor Program?

Voluntary Information

On occasion, participants in the Osgoode Hall Law School Mentoring program request to be matched with upper year students 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
- Francophone
- Gay/Lesbian/Bisexual
- Racialized Community
- Other Equality-seeking Communities (women, transgender, etc.)

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.