

**ASIL & WILIG Women in International Law Mentoring Program
Mentor Sign Up and MOU**

Name: _____

City/State (current): _____

City/State (Aug. 2014–June 2015): _____

Email: _____

Phone: _____

Title: _____

Employer: _____

Choose one: Law Firm NGO International Organization

 Government Academia Other (please specify):

Area(s) of practice/focus in international law:

Area(s) of interest in international law (in addition to your practice/focus):

How did you hear about our Program?: _____

By signing below, you agree to:

- Become a member of ASIL and WILIG for the duration of the program;
- Meet seven times a year, and engage in additional communications as needed;
- Lead the pod and create a supporting, trusting, and encouraging environment;
- Share openly your thoughts and experiences;
- Treat all participants with respect by maintaining confidentiality;
- Provide feedback through program evaluation surveys as they are sent to you.

Signature

Date

Please fill out this form and return it to ilfellow1@asil.org by **July 1, 2014**.