



MENTORSHIP PROGRAM

ACADEMY OF FLORIDA ELDER LAW ATTORNEYS
SPRING 2024

CONTACT

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PROGRAM DETAILS

The goal of the AFELA Mentorship Program is to provide personalized professional guidance to AFELA member attorneys. The program is designed to assist in the development of practical skills required in establishing a successful and professional elder law practice.

The AFELA Mentorship Program is offered over a four-month schedule, during the spring of each year. Mentees must be AFELA members, and can be of any age or level of experience. Mentees will be matched based on location and other common elements.

Mentors also must be AFELA members with 7 years of experience or Board Certification in Elder Law.

Mentors and mentees will meet on their own schedule to discuss the practice of elder law.

Disclaimer: All opinions expressed by the mentors are those of the individual and not necessarily those of the Academy of Florida Elder Law Attorneys.

2024 SCHEDULE

- | | |
|--------------------------|--|
| February 9, 2024: | Applications are due. |
| March 4, 2024: | Kick off meeting at 12:00 pm via Zoom with all Mentors & Mentees |
| March 4, 2024: | Program Start Date |
| June 28, 2024: | Program End Date |

*The AFELA Mentorship Program is loosely based on the Orange County Bar Association's Mentoring Program.



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APPLICATION

(Please return the application to jennifer@afela.org)

APPLICANT INFORMATION

NAME:

LAW FIRM:

EMAIL ADDRESS:

PHONE NUMBER:

OFFICE LOCATION:

APPLYING AS: MENTOR MENTEE

PARTICIPATION REQUIREMENTS

Mentor Requirements (please indicate that you meet these requirements)

I am an attorney licensed to practice law in Florida.

I am in good standing with the Florida Bar and I have no pending complaints or disciplinary actions.

I am a member of NAELA/AFELA.

I have practiced in the area of Elder Law for at least 7 years or I am Board Certified by the Florida Bar.

Mentee Requirements (please indicate that you meet these requirements)

I am an attorney licensed to practice law in Florida.

I am a member of NAELA/AFELA.

MATCHING CRITERIA: Please provide any information you would like the Mentorship Program to consider when matching you with a mentor/mentee (i.e. firm size, areas of practice). What are you looking for in a mentor/mentee?

By submitting the application, I affirm:

1. I wish to participate in the AFELA Mentorship Program and will devote the time and energy to fully participate in the program.
2. I meet the criteria for serving as a mentor/mentee.
3. I understand that I am expected to meet with my mentor/mentee a minimum of 4 times in the 4 month program (via phone, Zoom or in-person).
4. I understand that all pairings are made at the discretion of the mentoring committee. I also understand that the mentoring committee will attempt to honor pairing preferences when they are made known.

SIGNATURE:

DATE: