

## NOSSCR MENTORSHIP PROGRAM

### MENTOR QUESTIONNAIRE – NON-ATTORNEY

NAME:

Preferred e-mail:

Preferred phone number:

I certify that I am a NOSSCR member in good standing, and will remain so during the duration of this program.

I certify that I am a NON-ATTORNEY claimants' representative eligible for direct payment.

I certify that I have more than 10 years of full-time experience representing Social Security disability claimants.

My firm has offices in OR I work in the following states (list ALL):

1. Please describe your work environment, providing as much detail as possible  
(specifying small/large company; urban/rural; etc.).

2. What are the individual characteristics you'd like our placement committee to consider?

3. What are you looking for in a mentee?

4. What are your subject matter area strengths?