



Description

The L3 Ladies of Resilience Career Mentoring Program works with young ladies in at-risk environments that are in middle school, high school, or in an Independent Living Program up to age 23. Girls are paired with professional career women who will expose them to various career fields. Girls are also paired with a College Mentor to experience college for a weekend to learn the importance of higher education. Girls are taught 3 hours a month by mentors through L3 curriculum and take part in job-shadowing with their career mentor. This is a statewide hybrid program partially completed online. When girls complete the program, they are more job-ready, college-ready, and prepared for future success!

- General
 - Program is statewide, hybrid, and runs 3 months, 6 months, or 10 months
 - Orientations conducted for Career & College Mentors, Mentees and Parents
 - All mentors are background screened before they can serve
 - Mentees are in a Child Welfare program, such as, but not limited to: in and out of home care, foster children or Independent Living programs
 - or other at-risk environments such as: jobless, homeless, economically disadvantaged, developmentally and physically disadvantaged, victim of a crime, formerly incarcerated, drug offender/user, or other
- Mentors and Mentees:
 - Are paired based on career field and interest
 - Are all female-to-female pairings
 - Are provided curriculum ahead of time for all 10 sessions
 - Career Mentors meet for a minimum of 3 hours a month
 - Meet for job shadowing for a minimum of 3 hours bi-monthly
 - College Mentors meet for a minimum of 1 hour a month
- Meetings:
 - Can occur at the mentee's school during lunch (with proper school clearance)
 - Can occur at the mentee's house (with parent/guardian approval AND presence)
 - Can occur at a library after school or on weekend (with parent/guardian approval)
 - Can occur at any other meeting place (with parent/guardian approval)
 - Job shadowing, will occur at workplace of the mentor (with supervisor approval)
 - Virtual Meetings are acceptable



Next Steps

We are continually seeking mentors as we received an influx of mentees in the area.

We have a rolling open enrollment, with a soft close at the end of each month. Mentees begin the cohort intake the following month.

Review the Mentor Overview and complete registration by filling out the Mentor Enrollment form.

- [Career mentor enrollment form](#)

<https://form.jotform.com/ladieslearningtolead/CareerEnrollment>

The Career and College Mentor Orientation via 1hour training video can be accessed below:

Mentor Orientation Video <https://www.youtube.com/watch?v=2YRHZ61hkXMM>


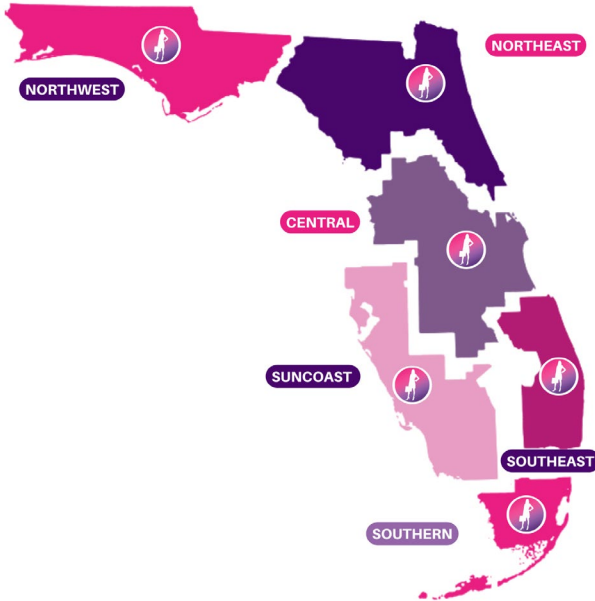
To register completion of training and receive clearance to mentor - complete the Sign in and satisfaction survey <https://bit.ly/L3SatisfactionSurvey>

The Parent/ Mentee and Mentors Meet and Greet held the 2nd Wednesday of each month via zoom. A link will be provided 24-48 hours prior to the meeting.

Please feel free to pass this along to fellow Career Women or College Students interested in mentoring in any of the coverage areas.

For more info visit www.L3Ladies.org/mentoring

Coverage Areas



Regional Offices

NORTHWEST | TALLAHASSEE
NORTHEAST | JACKSONVILLE
CENTRAL | ORLANDO
SUNCOAST | TAMPA
SOUTHEAST | FORT LAUDERDALE
SOUTHERN | MIAMI



L3 Career Mentor Enrollment Form

Thank you for your interest in becoming an L3 mentor! Mentors will meet with mentees for min 3 hours a month on topics outlined in the L3 curriculum. Mentors will have a monthly meet up on the second Wednesday of the month (via Zoom). "On-the-job" mentoring occurs bi-monthly. Attendance at the Mentor Orientation (via video) and the Mentor-Mentee Meet & Greet (via zoom) are required for selected mentors. Email info@l3ladies.org for additional information.

Full Name *

Prefix First Name Last Name

Phone Number *

Area Code Phone Number

E-mail *

example@example.com

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Select Region

County

Who is your current employer? *

Current occupation or profession *

Do you prefer to mentor a middle school girl or a high school girl? *

Can you commit to mentoring for the Next 6 Months? *

Can you attend mentor orientation? (via video) *

Can you bring the Mentee to your job for at least 2-3 hours for lunch and/or training bi-monthly (3 times total)? (or zoom due to covid or location) *

Can you travel to the Mentees' school or to the library to meet with her? (or zoom due to covid or location) *

Can you spend a minimum of 15 minutes reviewing L3 curriculum before meeting with your mentee? *

What are some of your hobbies?

What is/was your favorite subject in school?

Why is Mentoring Important to You? *

Enrollment Documents

i.e. Code of Conduct, Affidavit of Good Moral Character, Background Check Authorization, Non-Disclosure Agreement.

If you have already completed these documents you may upload them below. If you would like to complete them electronically via docusign, please answer "Send via DocuSign" below.

Enrollment Docs *

Send via Docusign

Submitted below

You will hear from us to find out if you were matched with a mentee. Mentors who are not matched will be placed in our mentor pool. We have ongoing/rolling enrollment each month. So we may have a mentee match for you in a future enrollment. If you have any questions, contact us at 850.445.3144 or send an email to info@l3ladies.org. Thank you for your interest in becoming an L3 mentor!



MENTOR GUIDELINES AND CODE OF CONDUCT

CONGRATULATIONS! As a career mentor, you are about to begin one of life's most rewarding and fulfilling experiences. Your commitment indicates that you believe in girls. You recognize the magnitude of the responsibility that you accepted in choosing to work with young ladies and agree to interact appropriately with your mentee according to the highest ethical standards always.

Be yourself! Please read the following guidelines carefully.

Your Role as a Career Mentor:

- At the initial stages of the match, your mentee may appear to be hesitant, unresponsive, and unappreciative of the mentor relationship. *Be patient!* Don't try to speed up the process by going out of your way to accommodate your mentee.
- During the initial phase of the career mentoring relationship, the mentee is more interested in getting to know how "real" you are and how much she can trust you. *Establish how you can reach your mentee* (i.e., by phone, at a specific location) and designate a time and phone number where you can usually be reached.
- Don't try to be teacher, parent, disciplinarian, therapist, Santa Claus or babysitter. Be a *dependable, consistent friend*. Present information carefully without distortion, listen carefully, and offer possible solutions without passing judgment. Don't criticize or preach. Think of ways to problem solve together. Never say "you should have" to your mentee.
- *Respect* the uniqueness and honor the integrity of your mentee and influence her through constructive feedback. Identify the mentee's interests and take them seriously.
- Set *realistic expectations* and goals for your mentee. Remember there is a big difference between encouraging and demanding. Assist in making the connection between her actions of today and the dreams and goals of tomorrow. Look for signs of mentee improvement such as increased school attendance, improved grades, showing up for meetings and expressing appreciation.
- As a friend you can share and advise, but know your limitations. Problems that your mentee may share with you regarding substance abuse, molestation and physical abuse are best handled by professionals. If you have any concerns, *contact us immediately*.
- Be supportive of the parent, even when you may disagree. Don't take sides or make judgments concerning any family conflict or situation. Leave the parenting to the parent.

Discipline:

There may be instances when your mentee's behavior is unacceptable. Again, remember the parent is responsible for the child's discipline. The following guidelines are to be used if the parent is not around



to assume the responsibility for the child's behavior. Don't forget to inform the parent about the steps you took and why you took them.

- Never physically discipline.
- Never use abusive language.
- Don't use ultimatums.
- Most children will listen and respond to reason. Explain to your mentee why you find her behavior unacceptable.
- Don't give your mentee the silent treatment to solve the problem. Discuss your concerns.
- On very rare occasions, your mentee may need to be taken back home because of unacceptable behavior. Before taking this action, tell her what you are doing and why you made the decision. Taking your mentee back home because of her behavior doesn't necessarily mean the match (relationship) has ended. Before you leave make sure your mentee understands she will see you again and that you are not using her behavior as a pretext to abandon the relationship.

Health and Safety:

Protect the health and safety of your mentee and seek advice from program staff whenever in doubt about the appropriateness of an event or activity and inform program staff of any persons, situations or activities that could affect the health and safety of the child.

- Do not use alcohol, tobacco or drugs when with your mentee.
- Do not have firearms or weapons present while with your mentee.
- Always wear seat belts while in the car.
- Have adequate personal liability and automobile insurance coverage.
- Ensure your mentee has all the necessary protective items and is well supervised on outings.
- Do not leave your mentee alone or with strangers.
- If you have become aware that your mentee's safety or the safety of another is in jeopardy through disclosure (e.g., child abuse, sexual abuse), *report your concern to program staff immediately*. This requirement should always be discussed with your mentee at the beginning of the relationship to inform them of your obligation to report safety concerns.



Activities and Money:

- Taking the first step in planning activities is primarily your responsibility; however, ask your mentee to help make decisions or have her plan an activity.
- Try to avoid bringing someone else when you are with your mentee. However, you may include others (e.g., spouse, friends, other mentees/mentors and relatives) from time to time.
- If there are activities you want to attend that cost money, consult with your mentee and find out how she will pay. You can assist in paying her share, but we encourage you to discuss with parents.
- Do not spend more than \$40 on your mentee for activities, birthday presents, and so on.
- Always call your mentee before your scheduled meeting or appointment to remind her. Be sure you have parental approval for activities that take place away from school premises and home.
- Return your mentee home at the agreed-upon time. If you are unable to or there is a change in plans, always call the parent.

Program Rules:

- No overnight stays.
- Discussions between you and your mentee are considered confidential. Be careful about sensitive personal issues. The mentee’s personal or family life may be difficult to discuss.
- If you have a concern you feel is beyond your ability to handle, call the program staff even if it seems trivial. There is no reason to feel helpless or hopeless.

Measure of Success:

- Your success is measured by many milestones.

Your mentee may realize for the first time that she . . .	Good indications:
✓ has potential	<ul style="list-style-type: none"> ✓ setting goals ✓ developing new skills ✓ aware of time management
✓ is confident and self-assured	<ul style="list-style-type: none"> ✓ increased cooperation with parents, teachers and peers ✓ behavioral changes
✓ values education and the learning process	<ul style="list-style-type: none"> ✓ increase in school attendance ✓ improved grades ✓ respect for teachers
✓ is a capable young lady	<ul style="list-style-type: none"> ✓ a willingness to help others ✓ ability to see the future ✓ ability to plan for college



- Your mentee will reward you through notes, e-mails or simply conversation (i.e., may tell you how “great” you are, tell you how you have helped her with a problem). Whatever the compliment, know that what you are doing has had a significant impact on the future of this child.
- Ask questions if you find any part of the guidelines unclear or confusing. The mentor coordinator is available to assist you in any way possible.

The quality of the relationship you build directly influences the life and future of the child.

Career mentoring is not a panacea for all the problems/decisions facing your mentee and her family. The essence of mentoring is the sustained human relationship: a one-on-one relationship that shows a child that she is valued as a person and is important to society.

YOU ARE A:
POSITIVE ROLE MODEL
FRIEND
COACH
SELF-ESTEEM BUILDER
COLLEGE COUNSELOR
ADVOCATE



I, _____ agree to the above code of conduct and will adhere to its order as I conduct my relationship with my mentee as her career mentor.

I, _____ understand that I will be held fully responsible in the event an unfortunate incident occurs because of my neglect and unwillingness to follow the code of conduct guidelines.

Signature:

Date:



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly
(Applicant's/Employee's Name)
sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135	sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593	sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111	adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28	criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 782.04	murder
Section 782.07	manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.071	vehicular homicide
Section 782.09	killing an unborn child by injury to the mother
Chapter 784	assault, battery, and culpable negligence, if the offense was a felony
Section 784.011	assault, if the victim of offense was a minor
Section 784.03	battery, if the victim of offense was a minor
Section 787.01	kidnapping
Section 787.02	false imprisonment
Section 787.025	luring or enticing a child
Section 787.04(2)	taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3)	carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1)	exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b)	possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011	sexual battery
Former Section 794.041	prohibited acts of persons in familial or custodial authority
Section 794.05	unlawful sexual activity with certain minors
Chapter 796	prostitution
Section 798.02	lewd and lascivious behavior
Chapter 800	lewdness and indecent exposure
Section 806.01	arson
Section 810.02	burglary
Section 810.14	voyeurism, if the offense is a felony
Section 810.145	video voyeurism, if the offense is a felony
Chapter 812	theft and/or robbery and related crimes, if a felony offense
Section 817.563	fraudulent sale of controlled substances, if the offense was a felony
Section 825.102	abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025	lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103	exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04	incest
Section 827.03	child abuse, aggravated child abuse, or neglect of a child
Section 827.04	contributing to the delinquency or dependency of a child
Former Section 827.05	negligent treatment of children

CONTINUED ON NEXT PAGE

Section 827.071	sexual performance by a child
Section 843.01	resisting arrest with violence
Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR SUBSTANCE USE AND MENTAL HEALTH DISORDER POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., “Service Provider Personnel” and “Peer Specialists” screened pursuant to s. 397.407, F.S.; “Recovery Residence Personnel” screened pursuant to s. 397.487, F.S., and any other substance use or mental health disorder professionals seeking certification requiring screening under s. 408.809, F.S

Relating to:

Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 777.04	attempts, solicitation, and conspiracy to commit an offense listed in this subsection
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photo-optical systems
Section 817.234	false and fraudulent insurance claims
Section 817.481	obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
Section 817.50	fraudulently obtaining goods or services from a health care provider
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony
Section 895.03	racketeering and collection of unlawful debts
Section 896.101	the Florida Money Laundering Act

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261, F.S.; or a sexual offender pursuant to s. 943.0435, F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and

any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me by means of physical presence or online notarization
this _____ day of _____, 20____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: _____



BACKGROUND INVESTIGATION AUTHORIZATION

DATE: _____

FULL LEGAL NAME _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

RACE / ETHNIC ORIGIN _____ GENDER / SEX _____

DRIVER LICENSE NO. PROF _____ DRIVER LICENSE STATE _____

State you were Born _____

Hair color _____ Eye Color _____ Height _____ Weight _____

Please list all other names used in the past 7 years. (AKAs, Married, Maiden)

LAST, FIRST, MIDDLE NAME	CITY	STATE	COUNTY	DATES

Please list address for past seven (7) years. Attach additional pages, if needed.

STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	DATES

INFORMED CONSENT AND RELEASE OF LIABILITY

I understand that in connection with my application for employment and, if hired, during my employment, a consumer report may be requested for employment purposes. All inquiries will be handled in compliance with applicable law including provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq. I understand that the employment decision and my continued employment will be subject to the results of these inquiries. The report may include, but is not limited to, the following areas:

Verification of social security number; current/previous residences; employment history; education including transcripts; character references; credit history and reports when applicable; criminal records from any criminal justice agency in any/all federal, state, county, jurisdictions; motor vehicle records; and any other public records or to conduct interviews with third parties relative to my character, general reputation, or personal characteristics.

I hereby waive any and all written notice of disclosure that may be required by applicable local, state, or federal laws of my past and/or present employer(s), individuals, or institutions. In exchange for the consideration of my employment and/or continued employment by the Company, I hereby release and forever discharge, without reservation, the Company (including its directors, officers, employees, its agents, contractors, and subcontractors) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities that may result from an investigation of my past and/or present employment or from the disclosure of any information.

I further acknowledge that an electronic scan, telephone facsimile (FAX), or photographic copy of this document will be valid and shall be accepted with the same authority as the original. My signature below also provides acknowledgement that I have read the separate Disclosure Notice for Consumer Reports.

THIS INFORMED CONSENT AND RELEASE STATES THAT YOU KNOWINGLY AND VOLUNTARILY AGREE TO RELEASE CERTAIN PERSONAL RIGHTS. IT MAY BE ADVISABLE FOR YOU TO SEEK LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT.

SIGNATURE _____

PRINT NAME _____ DATE _____



DISCLOSURE NOTICE FOR CONSUMER REPORTS

In connection with your application for employment, contract or assignment, information may be obtained about you from a consumer reporting agency. A consumer report and/or investigative consumer report may be requested on you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, and/or credit and indebtedness, and many involve personal interviews with sources such as supervisors, friends, neighbors, associates, and public record or law enforcement agencies.

A consumer report and/or an investigative consumer report may be obtained at any time during the application process and if hired, during your continued employment, contract or assignment. A consumer report containing injury and illness records and medical information may be obtained, if required, after a tentative offer of employment has been made. You have the right, upon written request made and after the receipt of this notice, to request a disclosure of the nature and scope of the investigative consumer report.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.



Confidentiality Agreement

This agreement is made between _____ ("Employee") and Ladies Learning to Lead ("L3") on _____ 20____.

Employee will perform services for L3 that may require L3 to disclose confidential and proprietary information ("Confidential Information") to Employee. (Confidential Information is information and data of any kind concerning any matters affecting or relating to L3, the business or operations of L3, and/or the products, drawings, plans, processes, or other data of L3 not generally known or available outside of the company.)

Accordingly, to protect the Confidential Information that will be disclosed during employment, the Employee agrees as follows:

1. Employee will hold the Confidential Information received from L3 in strict confidence and will exercise a reasonable degree of care to prevent disclosure to others.
2. Employee will not disclose or divulge either directly or indirectly the Confidential Information to others unless first authorized to do so in writing by L3 management.
3. Employee will not reproduce the Confidential Information nor use this information commercially or for any purpose other than the performance of his/her duties for L3.
4. Employee will, upon request or upon termination of his/her relationship with L3, deliver to L3 any drawings, notes, documents, equipment, and materials received from L3 or originating from employment with L3.
5. L3 will have the sole right to determine the treatment of all inventions, writings, ideas and discoveries received from Employee during the period of employment with L3, including the right to keep the same as a trade secret, to use and disclose the same without prior patent applications, to file copyright registrations in its own name, or to follow any other procedure as L3 may deem appropriate.
6. L3 reserves the right to take disciplinary action, up to and including termination, for violations of this agreement in addition to pursuing civil or criminal penalties.
7. This agreement will be interpreted under and governed by the laws of the state of Florida.
8. All provisions of this agreement will be applicable only to the extent that they do not violate any applicable law and are intended to be limited to the extent necessary so that they will not render this agreement invalid, illegal or



unenforceable. If any provision of this agreement or any application thereof will be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of other provisions of this agreement or of any other application of such provision will in no way be affected thereby.

Immunity from Liability for Confidential Disclosure of a Trade Secret to the Government or in a Court Filing:

(1) Immunity—An individual will not be held criminally or civilly liable under any federal or state trade secret law for the disclosure of a trade secret that (A) is made (i) in confidence to a federal, state or local government official, either directly or indirectly, or to an attorney and (ii) solely for the purpose of reporting or investigating a suspected violation of law or (B) is made in a complaint or other document filed in a lawsuit or other proceeding, if such filing is made under seal.

(2) Use of Trade Secret Information in Anti-Retaliation Lawsuit—An individual who files a lawsuit for retaliation by an employer for reporting a suspected violation of law may disclose the trade secret to the attorney of the individual and use the trade secret information in the court proceeding, if the individual (A) files any document containing the trade secret under seal and (B) does not disclose the trade secret, except pursuant to court order.

Employee represents and warrants that he or she is not under any pre-existing obligations inconsistent with the provisions of this agreement.

Signing below signifies that the Employee agrees to the terms and conditions of the agreement stated above.

Employee

L3 Representative Name/Title

Employee Signature

L3 Representative Signature

Date

Date