

Protégé Sign-up Form

Protégé's Information

Name: _____ Age: _____

Address: _____ City: _____

E-mail Address: _____ Phone: _____

If applicable, Parent's or Guardian's Name and Contact Information

Name: _____

E-mail Address: _____ Phone: _____

Name of MentorAbility Coach or Facilitator

Name: _____

E-mail Address: _____ Phone: _____

Please give some indications of your career interests

What kinds of business would you like to learn more about?

#1 Preferred Type of Business or Type of Work _____

#2 Preferred Type of Business or Type of Work _____

Do you have any workplace experience? Yes No

What is your highest level of education?

 High School College and/or Trade University Other

MentorAbility Canada does not discriminate on the basis of gender identity or expression. In order to ensure we consider the needs of all our participants, please consider the following optional question:

What is your gender?

Female Male

Non-binary/ third gender

Prefer to self-describe _____

Prefer not to say

Statement of Participation:

As a Protégé participating in MentorAbility Canada, I agree that:

I am interested in learning about career options and opportunities in my community. Yes No

In order to be successful, I need these accommodation(s):

I may be interested to give feedback about my MentorAbility Experience to help inform evaluation and to improve this program:

Yes: by telephone by survey

No: I don't want to give feedback

MentorAbility Canada would like to share your story about your MentorAbility Experience

If I choose not to share my story, this will not affect my participation in MentorAbility Canada. I also understand I can change my mind and stop my story from being shared at any time. I will tell my Facilitator or the MentorAbility Provincial Coordinator if I want to stop sharing my story so it can be removed within 24 hours.

The Canadian Association for Supported Employment recognizes there are many stakeholders and participants involved in MentorAbility Canada and that not all MentorAbility Experiences meet the expectations of all parties. While such occurrences are rare, CASE requires that all participants agree to treat each other with respect and that no MentorAbility participants will disparage the other nor make negative comments about the MentorAbility Experience on social media platforms.

I give permission to MentorAbility Canada to share my story and use information, including photographs, videos, and quotes to promote and document the MentorAbility Canada Project.

Yes No

Protégé's Signature: (Protégé's Parent or Guardian, if applicable)

_____/_____/_____
Year Month Day

Please complete and return to a MentorAbility project lead:

Cal Schuler

Calgary Alternative Employment Services

Ph: 403.830.6466

Email: cal.schuler@c-a-s-s.org

