

Mentor Sign-up Form

Mentor Business Information: _____

Business or Organization Name: _____

Business Sector (NAICS): _____ Job Title: _____

What are your mentoring interests? _____

City: _____ Province: _____ Postal Code: _____

Name of Mentor: _____ Position: _____

Phone: _____ E-mail: _____

MentorAbility Project Information:

How long have you worked for this business or organization?

less than 5 years more than 5 years

This is my first MentorAbility Experience: YES NO

The MentorAbility Experience will last for:

One (1) to three (3) hours ½ Day One (1) Day

Mentor's Statement of Participation:

As a Mentor participating in the MentorAbility Canada Project, I understand my responsibilities in providing a meaningful mentoring experience to my Protégé:

- I agree to provide my Protégé with encouragement and advice to help them learn more about my business
- I agree to have individual face-time with my Protégé

MentorAbility Experience

This mentoring experience may include:

- Sharing personal insights about my career path Work-site tour and meeting with employees Job shadowing with an existing employee
- Hands-on experience supervised by an existing employee
- Meeting with a Manager or a HR professional to:
 - Help with resumé review and/or practice interview
 - Share strategies for planning an effective career development plan
- Receive information on how to obtain great internships and work experience Develop Protégé's network
- Guide Protégé to learn more about the Sector's business or industry

Mentor's Authorization:

I give my consent to the MentorAbility Canada Project to use non-personal information about my MentorAbility Experience, to use photographs or videos of myself for promotional or documentation use.

YES NO

I agree to give feedback on my MentorAbility Experience to help inform evaluation and to improve this program:

YES: by telephone interview by confidential survey
 NO: I don't want to give feedback

Mentor's Signature:

____ / ____ / ____
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