

New Mentor Sign-Up Form

We would like to learn more about you to help us facilitate a great match!

Employer Information

Please indicate the name of the organization for whom you work:

Relevant Business Sector

City

Province or Territory

Postal Code

Are you or is your organization interested in offering mentoring opportunities to more than one protégé?

Yes

No

I do not know

If yes, how many?

Mentor Information

First Name

Last Name

Job Title

Work Contact Information:

Email Address

Phone Number

How long have you worked for this business or organization?

Less than 5 years

5 or more years

This is my first time participating as a mentor in the MentorAbility initiative.

Yes

No

I am willing to offer the following type of mentoring experience(s) (click all that apply):

Online virtual mentoring experience

In-person, onsite mentoring experience

I am interested in mentoring to:

Build my leadership skills

Learn new perspectives

Improve my professional skills

Gain personal satisfaction

Other:

My employer is supportive of my participation in this initiative.

Yes

No

Unknown

My employer is supportive of my participation in this initiative because of (if applicable):

Their commitment to workplace diversity and inclusion

Their interest in inclusive HR recruitment

The alignment with our organization's corporate responsibility priorities

The fact that my employer is an Equity Act employer

Other:

How did you learn about MentorAbility Canada?

Mentor's Statement of Participation

What specific jobs or career mentoring can you offer?

As a mentor participating in the MentorAbility Canada project:

I agree to plan for a meaningful mentoring experience for the protégé,

I agree to provide the protégé with encouragement and advice to help them learn more about my place of work, sector, and or role, and

I agree to have online or in-person time with the protégé

This online or in-person 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 an HR Professional

Meeting with a manager or a HR professional to (if applicable):

Help with resume 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 the protégé's network

Guide protégé to learn more about the business or industry sector

I anticipate that the MentorAbility Experience will last for:

Under 3 hours

Half working day

One working day

Mentor's Authorization:

I give consent to the MentorAbility Canada Project to use photographs or videos of myself for promotional or documentation use.

I give consent to the MentorAbility Canada Project to use my name when documenting the mentoring experience for promotional use.

After the mentoring experience, I agree to give feedback on my MentorAbility Experience to help evaluate and improve this initiative.

I prefer to provide my feedback: (click all that apply)

By telephone interview

By confidential survey

Receiving Information

I would like to receive information from the Canadian Association for Supported Employment. Information includes emails, event invitations, newsletters, and announcements. I understand that I can unsubscribe at any time.

Additional Information:

How did you learn about MentorAbility Canada?

Other:

MentorAbility Canada follows good safety and security standards. In addition, general liability coverage is provided for all MentorAbility Canada Project protégés during their mentoring experiences.

If you have more questions or need help with the sign-up form, please connect with the <u>nearest provincial hub</u> <u>coordinator.</u>



