

A Mentoring Initiative to Promote Employment of People with Disabilities

EMPLOYER SIGN-UP FORM

(please complete and return to your MentorAbility Local Co-ordinator)

Applicant Information			
First and Last Name		Email Address	
Organization Name		Phone Number	
Street Address	City	Province	Postal Code
Statement of Participation	on		
advice to help them learn more	ting in the MentorAbility initiative about my business. Mentoring ac needed in order to achieve their c	tivities can be anything that ca	_
Individual face time with aSharing insights on how yoProviding a work site tour	protégé; whether it be an hour, ha u obtained your career	alf a day, a whole day or more	
- Job shadowing with the me	entor or other colleagues to get a f effective career development plan	irst-hand look at how certain jo	bs are performed
- How to obtain great intern	· ·		
<u>-</u>	er important ways to learn more ab resources recruiters for resume re		N
Signature		Date	

Document Submission

Please complete and return to MentorAbility Local Coordinator or: PROVINCIAL HUB EMAIL: jbradley@inclusionbc.org
PROVINCIAL HUB PHONE: 604-777-9100 ext 533



