



*A Mentoring Initiative to Promote Employment of People with Disabilities*

## PROTÉGÉ SIGN-UP FORM

### Protégé Information

Name

Email Address

Address

Phone Number

Name of MentorAbility Local Co-ordinator

Needs Employer Match

Has Employer Match: \_\_\_\_\_

Name of Business

1<sup>st</sup> Business Choice: \_\_\_\_\_

2<sup>nd</sup> Business Choice: \_\_\_\_\_

### Statement of Participation

As a Protégé participating in the MentorAbility project I agree and confirm that:

- I am either a job seeker genuinely interested in obtaining employment in my community.
- I have completed and submitted the consent for media and/or photography release form.
- I will identify and provide any required accommodations required for me to participate in this program.

Accommodations required: \_\_\_\_\_

Signature of Protégé

Date

### Document Submission

**Please complete and return to a MentorAbility local Coordinator or:**

PROVINCIAL HUB EMAIL: [jbradley@inclusionbc.org](mailto:jbradley@inclusionbc.org)

PROVINCIAL HUB PHONE: 604-777-9100 ext 533



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