



*A Mentoring Initiative to Improve the Employability of People with Disabilities*

## Mentor Sign-up Form

### Mentor's Business Information:

Business or Organization's Name \_\_\_\_\_

Business Sector \_\_\_\_\_

Address \_\_\_\_\_

Name of Mentor \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Mentor's Non-Personal MentorAbility Canada Project Initiative 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

This MentorAbility Canada Project 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





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### **Mentoring 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 and learning more about the sector's business or industry

### **Mentor's Authorisation:**

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:** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Provincial Coordinator (Hub) Contact Information:**

Email \_\_\_\_\_ Phone \_\_\_\_\_

Canadian Association for Supported Employment 1-800-684-5628



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