



A Mentoring Initiative to Improve the Employability of People with Disabilities

Local Coordinator Sign-up Form

Local Coordinator's Information:

Agency or Organization's Name _____

Name of Main Contact _____

Address _____

Email _____

Phone _____

Local Coordinator's MentorAbility Canada Project Information:

Our organization has experience in coordinating workplace integration

YES

NO

This is our organization's first MentorAbility experience

YES

NO





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Local Coordinator's Statement of Participation:

As an Operating Partner in the MentorAbility Canada Project, we understand our responsibilities in providing a meaningful mentoring experience to the Protégé and the Mentor. We agree to:

- Recruit potential Protégés and assist them in identifying their career interests
- Invite and engage employers to participate in the MentorAbility Canada Project
- Facilitate good Protégé and Mentor match-ups
- Facilitate local partnerships and promote the MentorAbility Canada Project
- Provide Protégés and Mentors with needed support for a successful mentoring experience
- Take photos and document the mentoring experience of both Protégé and Mentor
- Confirm that our organization has provided proof of liability insurance

Local Coordinator's Main Contact Signature:

_____ Date _____

Provincial Coordinator (Hub) Contact Information:

Email _____ Phone _____

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



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The Canadian Association for Supported Employment
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