Protégé Sign-up Form

Participant Information

Name			Age		
City		Prov	ince	Postal Code	
Contact Information					
If applicable, Parent's or Guardian's Name and Contact Information					
	ity Experience Facilitator _ rs are you interested in?				
What kinds of business or type of work would you like to learn more about?					
First choice of busine	ess or work				
Second choice of bu	siness or work				
Do you have any workplace experience? Yes No					
What is your highest	level of education?				
High School	College and/or Trade	University	Other		
•	ada does not discrimina on if you do not want to	•	erson's gen	der identity. You don't have to	
What is your gender	?				
Female					
Male					
Non-binary/ third gender					
Prefer not to say					
Prefer to self-describe					





Statement of Participation:

entorAbility

As a Protégé taking part in MentorAbility Canada, I agree to the following. I am interested in learning about career options and opportunities in my community.

Yes No

In order to be successful, I need these accommodations:

I may be interested in giving feedback about my experience. Feedback helps to evaluate and improve the program.

Yes: by telephone by survey

No: I don't want to give feedback

MentorAbility Canada would like to share your story about your MentorAbility Experience (MA_X)

It is my choice to share my story or not share it. This will not affect my taking part in MentorAbility Canada.

Even if I choose to share my story, I can change my mind. I can stop my story from being shared at any time. If I want to stop sharing my story I will tell my facilitator or the MentorAbility coordinator. Then my story will be removed within 24 hours.

There are many people involved in making a MentorAbility Experience. Most people involved will have a good experience. But some will not. The Canadian Association for Supported Employment (CASE) understands this. But we do think that everyone can have a respectful experience. So CASE will require that everybody involved agree to treat each other with respect.

This means that nobody will put down another person or group who is involved. This means that nobody will make bad comments about their experience on social media.

I give permission to MentorAbility Canada to share my story. They can use information about me. This includes photos, videos and quotes. They can use this information to promote and document the project.

Yes No

Protégé's Signature: (Protégé's Parent or Guardian, if applicable)

Year _____ Month _____ Day ___

General liability coverage is provided through CASE. This is for all MentorAbility Canada Project Protégés during their mentoring experiences.

Canadian Association for Supported Employment (CASE)

For more information about the MentorAbility Canada initiative connect with the following URL:







