



Mentoring Program Application Form

Mentor Application (Please fax Doug Mclean : 204-934-8844)

Name: _____

Date: _____

Contact Information : Phone and/or Email: _____

Why Do you want to be mentor?: _____

Have you ever participated in a mentoring program? If yes, please explain. _____

Do you have any time or employment constraints that could affect your participation in this program? If yes, please explain. _____

What industry are you currently working in:

- Construction
- IT
- Manufacturing
- Internet/E-Commerce
- Health Care
- Non-Profit
- Financial
- Public Service
- Other _____

Signature: _____