



Mentoring Program Application Form

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

Name (please print): _____ Date: _____

Contact Information : Phone and/or Email: _____

Date to Write PMP/CAPM Exam: _____

PMI Manitoba Chapter Member? Yes ___ No ___

Why Do you want to be mentored?: _____

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: _____