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| **MENTORSHIP APPLICATION** | | | |
| CONTACT INFORMATION | **I am applying to be a Mentee.** | **I am applying to be a Mentor.** | |
| First  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Mailing  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| I would prefer to be contacted by:  Phone  Email | Preferred Program Start Date:  Fall 2020  Winter 2020 | |
| Gender:  Male  Female | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer Not to Say | |
| Preferred Pronouns:  He/His  She/Hers | They/Them  Prefer Not to Say | |
| Immigration Status:  Permanent Resident  Landed Immigrant | Canadian Citizen  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Country of Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| EXPERIENCE & EDUCATION | Are you currently a student? Yes  No | Are you currently employed? Yes  No | |
| Highest Level of  Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | If yes, what are your hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/week  If yes, what is your position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Field of Experience or Education:  Accounting  Arts  Business  Education  Engineering  Finance  Health Care  Hospitality  Law  Science  Social Science  Technology  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | List any professional designation(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| GOALS | What was is your intended career in Canada (mentees)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| During the mentorship program, I am interested in learning about:  Life skills, general  Life skills, employment/education  Goal planning | | |
| During the mentorship program, I would like to work with a mentor/mentee of:  The Same Gender  A Different Gender  No Preference | | |
| SIGNOFF | I understand that the information that you provide is collected and managed in compliance with the Federal and Provincial Privacy Acts. The information I have provided is complete and accurate to the best of my ability. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Applicant Signature) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date Signed) |

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| Logo, company name  Description automatically generated**DRIVER LIABILITY WAIVER** |

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| DRIVER INFORMATION | First  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Last  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Driver’s Licence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Licence Plate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Car Make/  Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WAIVER OF LIABILITY | As a driver, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first and last name) acknowledge that, to offer or provide transportation, the following statements must be true:  I have a valid driver’s license in good standing.  I have a current, valid auto insurance policy in good standing and understand this is my primary liability protection.  I am physically capable of driving my vehicle in a safe and responsible manner.  To the best of my knowledge, my vehicle is mechanically sound and is equipped with seat belts, which I will use and require my riders to use.  I will not use intoxicants, illegal drugs, or controlled substances that could impair my driving ability.  I will not use my cell phone, text, wear headphones, or eat and consume beverages while transporting passengers associated with AMP.  As a driver, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first and last name) agree to save and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Organization Name), including its officers, agents, and employees, from all costs, liability, damages, or expenses (including the cost of suit and expense of legal services). I hold them blameless for any injury or damage to persons or property, including severe injury or death, in the case that it arises from this activity. I acknowledge that, as a driver, my passenger assumes the risk of accompanying me in my personal vehicle. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Applicant signature) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date signed) |
| PASSENGERS | As a passenger, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first and last name) agree to save and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Organization Name), including its officers, agents, and employees, from all costs, liability, damages, or expenses (including the cost of suit and expense of legal services). I hold them blameless for any injury or damage to persons or property, including severe injury or death, in the case that it arises from this activity. I acknowledge that, as a passenger, I assume all risk of accompanying a driver in their personal vehicle. | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Applicant signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date signed) | |

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| **RELEASE OF INFORMATION** |

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| PARTICIPANT INFORMATION | | First  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mailing  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of  Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COLLECTING PERSONAL INFORMATION | I consent to the information in my volunteer registration being collected. My personal information is protected under [the Alberta Personal Information Protection Act](https://www.alberta.ca/personal-information-protection-act.aspx) (PIPA) and will be protected and managed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization name) I understand certain personal information may be made available to government departments and agencies under appropriate legislative authority.  I confirm I am over the age of sixteen and understand the contents of this form. I am signing this waiver voluntarily. | | | |
| You can withdraw consent at any time through written notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contact name) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(email address). | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Participant) | | | |

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PHOTO RELEASE FORM

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| **NAME** | I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Your Name) (Organization Name)  to use photos of myself in the following formats and media: | | | | | |
| **FORMATS & MEDIA** |  | Website |  | Advertisement Material | | |
|  | Facebook Page |  | LinkedIn Page | | |
|  | Twitter |  | Instagram | | |
|  | First Name can be used in chosen media |  | Full Name can be used in chosen media | | |
| This authorization is for any photos taken (choose one): | | | | | |
|  | While I am employed or volunteering with the organization. | | | | |
|  | My participation in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (Program Name) | | | | |
|  | On specific date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (Date) | | | | |
| **RELEASE** | I hereby release and hold harmless the organization from any reasonable expectation of privacy or confidentiality associated with the images specified above.  I acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in the organization marketing materials or other program publications. I acknowledge and agree that publications of these photos confers no rights of ownership or royalties whatsoever.  I hereby release the organization, its employees, contractors, volunteers, and any third parties involved in the creation or publication of marketing materials, from liability for claims by me or any third party in connection with my participation. | | | | | |
| **SIGN** |  | | | |  |  |
| Your Signature | | | |  | Date |

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| Logo, company name  Description automatically generated**ATTENDENCE POLICY** | | | | |
| POLICY | Once a session has been scheduled at mutual agreement it should begin at the agreed upon time and last for the agreed upon duration. If the mentee or mentor cannot attend, they need to alert the other party immediately and reschedule the session.  As a participant of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (organization name) Mentorship Program, you agree to provide a minimum of 24 hours notice when you cannot attend a previously agreed upon scheduled session.  If a mentee cannot attend a session scheduled to start within 24 hours, and no rescheduling effort has been made, the mentor has the right to consider that session complete. | | |
| SIGN OFF | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Full Name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Participant) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) |



MENTORSHIP ADMISSION SURVEY

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| **DEMOGRAPHICS** | **What is your mentoring start date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How old are you?**  18-24 years 25-34 years 35-44 years 45-54 years Over 55 years Prefer not to say | | | | | | |
| **Are you?**  Male Female Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | | | | | | |
| **What year did you move to Canada?** \_\_\_\_\_\_\_\_\_\_ **What year did you move to Alberta?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **EMPLOYMENT INFORMATION** | **How many hours do you usually work each week?**  Employed full-time (30+ hours a week)  Employed part-time (less than 30 hours a week) Self-employed Full-time parent/caregiver  Unemployed | | | | | | |
| **Were you employed at the start of the mentorship program?** Yes No | | | | | | |
| **What work did you work train for in your home country?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Are you currently working in the profession that you trained for?** Yes No | | | | | | |
| **Is this job your:** Career aspiration A fulfilling job A survival job | | | | | | |
| **What is your current job and position?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **EMPLOYMENT SKILLS** | **How confident are you currently about your ability to:** | **Not at all confident 🡨** | | | **🡪Very confident** | | |
| **1** | **2** | **3** | | **4** | **5** |
| Look for jobs in Canada. |  |  |  | |  |  |
| Find a job in the field or profession that you trained for. |  |  |  | |  |  |
| Complete a Canadian resume. |  |  |  | |  |  |
| Go to an interview. |  |  |  | |  |  |
| Go to local networking events. |  |  |  | |  |  |
| Build a professional Canadian network. |  |  |  | |  |  |
| Fit into a Canadian workplace. |  |  |  | |  |  |



MENTORSHIP EXIT SURVEY

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| **DEMOGRAPHICS** | **What was your mentoring start date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How old are you?**  18-24 years 25-34 years 35-44 years 45-54 years Over 55 years Prefer not to say | | | | | | |
| **Are you?**  Male Female Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | | | | | | |
| **What year did you move to Canada?** \_\_\_\_\_\_\_\_\_\_\_\_ **What year did you move to Alberta?** \_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Are you still living in Alberta?** Yes No | | | | | | |
| **EMPLOYMENT INFORMATION** | **How many hours do you usually work each week?**  Employed full-time (30+ hours a week)  Employed part-time (less than 30 hours a week) Self-employed Full-time parent/caregiver  Unemployed | | | | | | |
| **Were you employed at the start of the mentorship program?** Yes No | | | | | | |
| **What work did you work train for in your home country?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Are you currently working in the profession that you trained for?** Yes No | | | | | | |
| **Is this job your:** Career aspiration A fulfilling job A survival job | | | | | | |
| **What is your current job and position?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Did you find or change jobs since completing mentorship?** Yes No | | | | | | |
| **Have you been looking for a job since completing mentorship?** Yes No | | | | | | |
| **EMPLOYMENT SKILLS** | **How confident are you currently about your ability to:** | **Not at all confident 🡨** | | | **🡪Very confident** | | |
| **1** | **2** | **3** | | **4** | **5** |
| Look for jobs in Canada. |  |  |  | |  |  |
| Find a job in the field or profession that you trained for. |  |  |  | |  |  |
| Complete a Canadian resume. |  |  |  | |  |  |
| Go to an interview. |  |  |  | |  |  |
| Go to local networking events. |  |  |  | |  |  |
| Build a professional Canadian network. |  |  |  | |  |  |
| Fit into a Canadian workplace. |  |  |  | |  |  |

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| **PROGRAM EVALUATION** | **How often did you and your mentor meet?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **This amount of time was:** Too much Just right Too little | | | | | | |
| **What is one thing that you would do to improve the mentorship program?** | | | | | | |
| **What was one thing that you found most helpful during the mentorship program?** | | | | | | |
| **These statements reflect my mentorship experience:** | **Strongly Disagree 🡨** | | | **🡪Strongly Agree** | | |
| **1** | **2** | **3** | | **4** | **5** |
| I felt a personal connection with my mentor. |  |  |  | |  |  |
| My mentor and I could communicate well. |  |  |  | |  |  |
| My mentor helped me set achievable goals and action steps. |  |  |  | |  |  |
| My mentor made me feel empowered to make career decisions. |  |  |  | |  |  |
| I learned about Canadian workplace culture during mentorship. |  |  |  | |  |  |
| I felt that the mentorship program was a valuable experience. |  |  |  | |  |  |
| Mentoring helped me achieve the job or career of my choice. |  |  |  | |  |  |
|  | **Do you want to become a Mentor?**  Yes  No | | | | | | |
| **If yes, Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred method of contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |



MENTORSHIP FOLLOW-UP SURVEY

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| **DEMOGRAPHICS** | **What was your mentoring start date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How old are you?**  18-24 years 25-34 years 35-44 years 45-54 years Over 55 years Prefer not to say | | | | | | |
| **Are you?**  Male Female Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | | | | | | |
| **What year did you move to Canada?** \_\_\_\_\_\_\_\_\_\_\_\_ **What year did you move to Alberta?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Are you still living in Alberta?** Yes No | | | | | | |
| **EMPLOYMENT INFORMATION** | **How many hours do you usually work each week?**  Employed full-time (30+ hours a week)  Employed part-time (less than 30 hours a week) Self-employed Full-time parent/caregiver  Unemployed | | | | | | |
| **Were you employed at the start of the mentorship program?** Yes No | | | | | | |
| **What work did you work train for in your home country?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Are you currently working in the profession that you trained for?** Yes No | | | | | | |
| **Is this job your:** Career aspiration A fulfilling job A survival job | | | | | | |
| **What is your current job and position?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Did you find or change jobs since completing mentorship?** Yes No | | | | | | |
| **Have you been looking for a job since completing mentorship?** Yes No | | | | | | |
| **EMPLOYMENT SKILLS** | **How confident are you currently about your ability to:** | **Not at all confident 🡨** | | | **🡪Very confident** | | |
| **1** | **2** | **3** | | **4** | **5** |
| Look for jobs in Canada. |  |  |  | |  |  |
| Find a job in the field or profession that you trained for. |  |  |  | |  |  |
| Complete a Canadian resume. |  |  |  | |  |  |
| Go to an interview. |  |  |  | |  |  |
| Go to local networking events. |  |  |  | |  |  |
| Build a professional Canadian network. |  |  |  | |  |  |
| Fit into a Canadian workplace. |  |  |  | |  |  |

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| **PROGRAM EVALUATION** | **What is one thing that you would do to improve the mentorship program?** | | | | | | |
| **What was one thing that you found most helpful during the mentorship program?** | | | | | | |
| **These statements reflect my mentorship experience:** | **Strongly Disagree 🡨** | | | **🡪Strongly Agree** | | |
| **1** | **2** | **3** | | **4** | **5** |
| I felt a personal connection with my mentor. |  |  |  | |  |  |
| My mentor made me feel empowered to make career decisions. |  |  |  | |  |  |
| I learned about Canadian workplace culture during mentorship. |  |  |  | |  |  |
| I felt that the mentorship program was a valuable experience. |  |  |  | |  |  |
| Mentoring helped me achieve the job or career of my choice. |  |  |  | |  |  |
|  | **Do you want to become a Mentor?**  Yes  No | | | | | | |
| **If yes, Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred method of contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |



MENTOR ADMISSION SURVEY

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| **DEMOGRAPHICS** | **What is your mentoring start date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How old are you?**  18-24 years 25-34 years 35-44 years 45-54 years Over 55 years Prefer not to say | | | | | | |
| **Are you?** Male Female Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | | | | | | |
| **How long have you lived in Canada?** Born here More than 10 years More than 5 years Less than 2 years | | | | | | |
| **What is your current job and position?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How many hours do you usually work each week?**  Employed full-time (30+ hours a week)  Employed part-time (less than 30 hours a week) Self-employed Full-time parent/caregiver  Unemployed | | | | | | |
| **MENTORING EXPERIENCE** | **Are you becoming a mentor for** (select all that apply)**:**  Professional development Leadership Skills Intercultural Skills | | | | | | |
| **Have you entered into a mentoring arrangement before** (select all that apply)**?**  Yes, I have been a mentor  Yes, I have been a mentee No | | | | | | |
| **If you were previously a mentee, did you enroll into the mentor relationship as part of a** (select all that apply)**:**  A workplace A community-based program Informal relationship | | | | | | |
| **If you were previously a mentee, did you enroll into the mentor relationship as part of a** (select all that apply)**:**  A workplace A community-based program Informal relationship | | | | | | |
| **Have you mentored an internationally trained/educated immigrant before?** Yes No | | | | | | |
| **MENTORING SKILLS** | **How confident are you currently about your ability to:** | **Not at all confident 🡨** | | | **🡪Very confident** | | |
| **1** | **2** | **3** | | **4** | **5** |
| Apply your knowledge, skills, and abilities to lead others. |  |  |  | |  |  |
| Mentor an internationally trained/educated immigrant. |  |  |  | |  |  |
| Access resources to effectively be a good mentor. |  |  |  | |  |  |
| Set career development goals for yourself or with others. |  |  |  | |  |  |
| Provide advice or support for someone looking for a new job. |  |  |  | |  |  |
| Talk comfortably with a person from another country. |  |  |  | |  |  |
| Be able to discuss Canadian workplace cultural with a newcomer. |  |  |  | |  |  |



MENTOR EXIT SURVEY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DEMOGRAPHICS** | **What was your mentoring start date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How old are you?**  18-24 years 25-34 years 35-44 years 45-54 years Over 55 years Prefer not to say | | | | | | |
| **Are you?**  Male Female Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | | | | | | |
| **How long have you lived in Canada?** Born here More than 10 years More than 5 years Less than 5 years | | | | | | |
| **What is your current job and position?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How many hours do you usually work each week?**  Employed full-time (30+ hours a week)  Employed part-time (less than 30 hours a week) Self-employed Full-time parent/caregiver Unemployed | | | | | | |
| **EMPLOYMENT SKILLS** | **How confident are you currently about your ability to:** | **Not at all confident 🡨** | | | **🡪Very confident** | | |
| **1** | **2** | **3** | | **4** | **5** |
| Apply your knowledge, skills, and abilities to lead others. |  |  |  | |  |  |
| Mentor an internationally trained/educated immigrant. |  |  |  | |  |  |
| Access resources to effectively be a good mentor. |  |  |  | |  |  |
| Set career development goals for yourself or with others. |  |  |  | |  |  |
| Provide advice or support for someone looking for a new job. |  |  |  | |  |  |
| Talk comfortably with a person from another country. |  |  |  | |  |  |
| Be able to discuss Canadian workplace cultural with a newcomer. |  |  |  | |  |  |
| **PROGRAM EVALUATION** | **How often did you and your mentee meet?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **This amount of time was:** Too much Just right Too little | | | | | | |
| **What is one thing that you would do to improve the mentorship program?** | | | | | | |
| **What was one thing that you found most helpful during the mentorship program?** | | | | | | |
| **MENTORSHIP EXPERIENCE** | **These statements reflect my mentorship experience:** | **Strongly Disagree 🡨** | | | **🡪Strongly Agree** | | |
| **1** | **2** | **3** | | **4** | **5** |
| I felt a personal connection with my mentee. |  |  |  | |  |  |
| My mentee and I could communicate well. |  |  |  | |  |  |
| My mentee set achievable goals and action steps. |  |  |  | |  |  |
| The mentoring tools and resources provided were helpful. |  |  |  | |  |  |
| I had access to resources and when I needed them. |  |  |  | |  |  |
| I was able to provide valuable career guidance to my mentee. |  |  |  | |  |  |
| I was able to provide valuable cultural guidance to my mentee. |  |  |  | |  |  |
| I learned about Canadian workplace culture during mentorship. |  |  |  | |  |  |
| Mentoring has helped me advance in my career or job. |  |  |  | |  |  |
| Mentoring helped me improve my leadership skills. |  |  |  | |  |  |
| Mentoring helped me improve my intercultural skills |  |  |  | |  |  |
| I felt that the mentorship program was a valuable experience. |  |  |  | |  |  |



MENTOR FOLLOW-UP SURVEY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DEMOGRAPHICS** | **What was your mentoring start date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How old are you?**  18-24 years 25-34 years 35-44 years 45-54 years Over 55 years Prefer not to say | | | | | | |
| **Are you?**  Male Female Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prefer not to say | | | | | | |
| **How long have you lived in Canada?** Born here More than 10 years More than 5 years Less than 5 years | | | | | | |
| **What is your current job and position?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **How many hours do you usually work each week?**  Employed full-time (30+ hours a week)  Employed part-time (less than 30 hours a week) Self-employed Full-time parent/caregiver Unemployed | | | | | | |
| **EMPLOYMENT SKILLS** | **How confident are you currently about your ability to:** | **Not at all confident 🡨** | | | **🡪Very confident** | | |
| **1** | **2** | **3** | | **4** | **5** |
| Apply your knowledge, skills, and abilities to lead others. |  |  |  | |  |  |
| Mentor an internationally trained/educated immigrant. |  |  |  | |  |  |
| Access resources to effectively be a good mentor. |  |  |  | |  |  |
| Set career development goals for yourself or with others. |  |  |  | |  |  |
| Provide advice or support for someone looking for a new job. |  |  |  | |  |  |
| Talk comfortably with a person from another country. |  |  |  | |  |  |
| Be able to discuss Canadian workplace cultural with a newcomer. |  |  |  | |  |  |
| **PROGRAM EVALUATION** | **What is one thing that you would do to improve the mentorship program?** | | | | | | |
| **What was one thing that you found most helpful during the mentorship program?** | | | | | | |
| **MENTORSHIP EXPERIENCE** | **These statements reflect my mentorship experience:** | **Strongly Disagree 🡨** | | | **🡪Strongly Agree** | | |
| **1** | **2** | **3** | | **4** | **5** |
| I felt a personal connection with my mentee. |  |  |  | |  |  |
| The mentoring tools and resources provided were helpful. |  |  |  | |  |  |
| I learned about Canadian workplace culture during mentorship. |  |  |  | |  |  |
| Mentoring has helped me advance in my career or job. |  |  |  | |  |  |
| Mentoring helped me improve my leadership skills. |  |  |  | |  |  |
| Mentoring helped me improve my intercultural skills |  |  |  | |  |  |
| I felt that the mentorship program was a valuable experience. |  |  |  | |  |  |