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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 ofOrigin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/weekIf 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’sLicence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | LicencePlate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| InsuranceProvider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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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| PARTICIPANTINFORMATION | 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)  |



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. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |