

Learning Partner Application Form

Thank you for your interest in the CAGP Vancouver Chapter Mentorship Program! Please complete this questionnaire to help us better pair you with one of our volunteer mentors.

Once completed, please click the "Submit Form" at the end of the application.

	Conta	ct Details	
Full Name:		Phone:	
Employer:		Email:	
			k off preferred contact metho
Work Address: ——			
City:		Postal Cod	e:
	Арр	lication	
Are you a member in g	ood standing with (CAGP?	
Yes	No		
If you are not a member	you may still join the p	program	
2. Please indicate the r Giving sector:	number of years yo	u have been emplo <u>y</u>	yed in the Charity/Planned
3 years or less	3 -5 years	5 - 10 years	More than ten years
	3 -5 years	5 - 10 years	ur present employer: More than ten years hold a CFRE designation:



Learning Partner Application

	Learning raid	ici <i>F</i>	Application
	r non-professional advisors, please ind taken:	licate	e what Planned Giving Courses you
	The Original Gift Planning Course		Advanced Canadian Gift Planning Symposium
	BCIT Fundraising Course		Other:
	ferring to the <u>CAGP Competency Fram</u> mentor to be most experienced:	ewor	<u>rk,</u> please indicate which area you wish
	Relationship Building Ethics & Judgement Knowledge of Gift Planning Vehicles		
	Knowledge of a charity's framework (pgovernance etc.)		
	Knowledge of Legal Context of Gift Plants Knowledge of Marketing & Communic		
succ	agine yourself at the end of the 12 mor essful mentoring relationship look like ? Would you like to be matched with a p	to yo	u? What do you expect to walk away
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. Any Other Comments?			

SUBMIT

** Submit button will not work in browser, please download form

Thank you!

We look forward to matching you with a mentor and seeing you at future CAGP events. Don't forget to subscribe to our newsletter <u>here</u>.