CAGP

CAGP Montreal Chapter Mentorship Program <u>Application Form to be a Mentor</u>

Please complete the following questionnaire, which will help match you with a Learning
Partner, and send it to Ms. Annick Delestre at acpdp.cagp.mtl@gmail.com. Thank you
for your interest in our program.
Name:
Employer:
Position:
Work phone number: Email:
1) Are you a member in good standing with CAGP? Yes: No:
2) How many years have you been working in the Planned Giving Sector:
3) How many years have you been working for your current employer:
4) Do you have one or more professional designations (CFRE or others):
5) What are your areas of professional expertise:
□ Taxation
Bequest and estate administration
Donor relationship development
Planned giving communication and marketing
\Box Implementation of a planned giving program
Prospect Research
Stewardship and recognition program
Governance
Life insurance / charitable annuity
Wealth Management
Estate and Trust Law
Other:

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CAGP Montreal Chapter Mentorship Program **Application Form to be a Learning Partner**

Please complete the following questionnaire, which will help match you with a volunteer mentor, and send it to Ms. Annick Delestre at acpdp.cagp.mtl@gmail.com. Thank you for your interest in our program.

Name:
Employer:
Position:
Work phone number:
Email:
1) Are you a member in good standing with CAGP? Yes: No:
2) How many years have you been working in the Planned Giving Sector:
3) What percentage of your work is exclusively devoted to planned giving per week:
4) How many years have you been working for your current employer:
5) Do you have one or more professional designations (CFRE or others):
5) Have you ever attended Planned Giving Courses:
6) In which sectors do you need guidance:
□ Taxation
Bequest and estate administration
Life insurance/charitable annuity
Donor relationship development
Planned giving marketing and communications
Strategic planning
Reporting to a board of directors
Career plan and personal development
Other: