



**GREATER VANCOUVER CHAPTER
MENTOR QUESTIONNAIRE**

*Thank you for your participation in the CAGP Vancouver Chapter Mentorship Program.
Please complete the following questionnaire to help us better pair you with one of our Learning Partners.
E-mail the completed form to Nicole.Jeschelnik@vancouverfoundation.ca*

Name: _____

Employer: _____

Position: _____

Contact Info*: Phone: _____ Email: _____

* Please indicate preference with a check mark if applicable

1. Are you a member in good standing with CAGP? Yes No

Please note: If you are not a member you may not join the program as mentor

2. How long have you been a CAGP member for?

- 3-5 years
- 5-10 years
- more than 10 years

3. Please indicate the number of years you have been employed in the Planned Giving sector:

- 3-5 years
- 5-10 years
- more than 10 years

4. Please indicate how long you have been employed with your present employer:

- less than 3 years
- 3-5 years
- 5-10 years
- more than 10 years

5. Do you feel best suitable to mentor a Learning Partner from an organization with fundraising staff of

- 3 or less
- 4 – 9
- 10+
- Not sure

6. Please indicate any professional designation(s) such as a CFRE:

7. In which industries have you worked as a Planned Giving professional?

Charity

- | | |
|--|--|
| <input type="checkbox"/> Animal Protection & Welfare | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Community services | <input type="checkbox"/> Health Research |
| <input type="checkbox"/> Culture & Recreation | <input type="checkbox"/> International Development |
| <input type="checkbox"/> Education & Job Training | <input type="checkbox"/> Law & Legal Support |
| <input type="checkbox"/> Environment & Conservation | <input type="checkbox"/> Poverty Alleviation |
| <input type="checkbox"/> Family & Senior Support | <input type="checkbox"/> Youth Services |

Professional Advisor

- | | |
|--|--|
| <input type="checkbox"/> Legal Advisor | <input type="checkbox"/> Insurance Advisor |
| <input type="checkbox"/> Financial Planner | |

Other _____

8. Please indicate what Planned Giving Courses you have taken:

- The Original Gift Planning Course
- Advanced Canadian Gift Planning Symposium
- BCIT Fundraising Course
- Other: _____

9. Referring to the [CAGP Competency Framework](#), please indicate in which areas are you best suited to mentor:

- Relationship Building
- Ethics & Judgement
- Knowledge of Gift Planning Vehicles
- Knowledge of a charity's framework (policies and procedures, management & governance etc.)
- Knowledge of Legal Context of Gift Planning & the Charitable Sector
- Knowledge of Marketing & Communications

10. Please tell us about the reason(s) for wanting to serve as a Mentor:

11. Any Other Comments