



CAGP Québec Chapter Mentorship Program

Application Form to be a Mentor

Please complete the following questionnaire, which will help match you with a Learning Partner, and send it to acpdp.cagp.qc@gmail.com. Thank you for your interest in our program.

Name: _____

Employer: _____

Position: _____

Work phone number: _____ Cell: _____

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): _____ Which ones: _____

5) What are your areas of professional expertise:

- ☐ Taxation
- ☐ Bequest and estate administration
- ☐ Donor relationship development
- ☐ Planned giving communications and marketing
- ☐ Implementation of a planned giving program
- ☐ Prospect Research
- ☐ Stewardship and recognition program
- ☐ Governance
- ☐ Life insurance / charitable annuity
- ☐ Wealth Management
- ☐ Estate and Trust Law
- ☐ Other: _____