



**GREATER VANCOUVER CHAPTER
LEARNING PARTNER QUESTIONNAIRE**

*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.
E-mail the completed form to Nicco.Bautista@bmo.com*

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

If you are not a member you may still join the program

Please indicate if you are a professional advisor (i.e. lawyer, accountant, trust officer, financial or investment advisor) Yes No

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

- 3 years or less
- 3 - 5 years
- 5 - 10 years
- More than 10 years

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

- 3 years or less
- 3 - 5 years
- 5 - 10 years
- More than 10 years

4. Please indicate any professional designation(s) and if you hold a CFRE designation:

5. For non-professional advisors, please indicate what Planned Giving Courses you have taken:

- The Original Gift Planning Course
- Advanced Canadian Gift Planning Symposium
- BCIT Fundraising Course

Other: _____

6. Referring to the [CAGP Competency Framework](#), please indicate which area you wish your mentor to be most experienced:

- 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

7. Imagine yourself at the end of the 12 month mentoring program. What would a successful mentoring relationship look like to you? What do you expect to walk away with? Would you like to be matched with a professional advisor or a gift planner?

8. Any Other Comments