

GREATER VANCOUVER CHAPTER LEARNING PARTNER QUESTIONNAIRE

Thank you for your interest in the CAGP Vancouver Chapter Mentorship Program.

Please complete the following questionnaire to help us better pair you with one of our volunteer mentors.

E-mail the completed form to Tiffany at TLusher@genuscap.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*
2.	Please indicate the number of years you have been employed in the 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.	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 <u>CAGP Competency Framework</u> , please indicate which areas you wish your mentor to be most experienced (please rank 1=most important through to 6=least important):
	 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?
8.	Any Other Comments



THANK YOU

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