

## GREATER VANCOUVER CHAPTER MENTOR APPLICATION FORM

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 <a href="https://doi.org/10.1101/jubachen.2007.00">TLusher@genuscap.com</a>

	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?	
	<ul><li>□ 3-5 years</li><li>□ 5-10 years</li><li>□ more than 10 years</li></ul>	
3.	Please indicate the number of years you have been employed in the Planned Giving sector:	
	□ 3-5 years	
	<ul><li>□ 5-10 years</li><li>□ more than 10 years</li></ul>	
4.	Please indicate how long you have been employed with your present employer:	
	□ less than 3 years	
	□ 3-5 years	
	<ul><li>□ 5-10 years</li><li>□ more than 10 years</li></ul>	
5	Do you feel best suitable to mentor a Learning Partner from an organization with fundraising staff of	
J.	□ 3 or less □ Not sure	
	□ 4 − 9	
	□ 10+	
6.	Please indicate any professional designation(s) such as a CFRE:	

7.	. In which industries have you worked as a Planned Giving professional?			
	Charity  ☐ Animal Protection & Welfare ☐ Community services ☐ Culture & Recreation ☐ Education & Job Training ☐ Environment & Conservation ☐ Family & Senior Support	<ul> <li>☐ Health &amp; Wellness</li> <li>☐ Health Research</li> <li>☐ International Development</li> <li>☐ Law &amp; Legal Support</li> <li>☐ Poverty Alleviation</li> <li>☐ Youth Services</li> </ul>		
Professional Advisor				
	<ul><li>□ Legal Advisor</li><li>□ Financial Planner</li></ul>	☐ Insurance Advisor		
	□ Other			
8.	8. Please indicate what Planned Giving Courses you have taken:			
	<ul> <li>The Original Gift Planning Course</li> <li>Advanced Canadian Gift Planning Symposium</li> <li>BCIT Fundraising Course</li> <li>Other:</li> </ul>			
9.	. Referring to the <u>CAGP Competency Framework</u> , please indicate in which areas are you best suited to mentor:			
	<ul> <li>Relationship Building</li> <li>Ethics &amp; Judgement</li> <li>Knowledge of Gift Planning Vehicles</li> <li>Knowledge of a charity's framework (policies governance etc.)</li> <li>Knowledge of Legal Context of Gift Planning</li> <li>Knowledge of Marketing &amp; Communications</li> </ul>	g & the Charitable Sector		
10. Please tell us about the reason(s) for wanting to serve as a Mentor:				
11. 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>.