



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: _____