

CAGP Montreal Chapter Mentorship Program Application Form to be a Learning Partner

Please complete the following questionnaire, which will help match you with a volunteer Mentor, and send it to <u>acpdp.cagp.mtl@gmail.com</u>. Thank you for your interest in our program.

Name:	
Employer:	
Position:	
Work phon	e number: Cell:
Email:	
1) Are you a	a member in good standing with CAGP? Yes: No:
2) How mai	ny years have you been working in the Planned Giving Sector:
3) What pe	rcentage of your work is exclusively devoted to planned giving per week:%
4) How mai	ny years have you been working for your current employer:
5) Do you h	ave one or more professional designations (CFRE or others):
Which o	nes:
6) Have you	ever attended Planned Giving Courses:
7) In which	sectors do you need guidance?
	Taxation
	Bequest and estate administration
	Life insurance / charitable annuity
	Donor relationship development
	Planned giving marketing and communications
	Strategic Planning
	Reporting to a board of directors
	Career plan and personal development
	Other:



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Name:				
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Email:				
1) Are you	a member in good standing with CAGP?	Yes:	No:	
2) How ma	any years have you been working in the Planne	d 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 c	ones:			
5) What ar	re your areas of professional expertise?			
	Taxation			
	Bequest and estate administration			
	Donor relationship development			
	Planned giving communications and market	ing		
	Implementation of a planned giving program	n		
	Prospect Research			
	Stewardship and recognition program			
	Governance			
	Life insurance / charitable annuity			
	Wealth Management			
	Estate and Trust Law			

• Other: _____