



## CAGP Ottawa Chapter Mentorship Application Form

### CAGP Ottawa Chapter Learning Partner Application

Thank you for your interest in the CAGP Ottawa Chapter Mentorship Program. Please complete the following questionnaire, which will help match you with a volunteer mentor. Please email to either Barry Bloom at [barry.bloom@nac-cna.ca](mailto:barry.bloom@nac-cna.ca) or Dan Clapin at [dclapin@prvhc.com](mailto:dclapin@prvhc.com).

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Email: \_\_\_\_\_

- 1) Are you a member in good standing with CAGP? Yes \_\_\_\_ No \_\_\_\_
- 2) Please indicate the number of years you have been employed in the Planned Giving Sector  
\_\_ less than 3 years  
\_\_ 3-5 years  
\_\_ 5-10 years  
\_\_ more than 10 years
- 3) Please indicate how long you have worked for your present employer:  
\_\_ less than 3 years  
\_\_ 3-5 years  
\_\_ 5-10 years  
\_\_ more than 10 years
- 4) Please indicate any professional designation(s) such as a CFRE, CFP, TEP etc. \_\_\_\_\_
- 5) Please indicate what Planned Giving Courses you have taken:  
\_\_ the Original Gift Planning Course  
\_\_ Gift Planning Fundamentals  
\_\_ Other \_\_\_\_\_
- 6) My reason(s) for joining this program:  
\_\_ Assistance bequest and Estate Administration  
\_\_ Donor/Client relationship development  
\_\_ Planned giving communication and marketing  
\_\_ Other \_\_\_\_\_