



**CAGP Ottawa Chapter Mentorship Application Form**

**CAGP Ottawa Chapter Mentor 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 Learning Partner. 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 \_\_\_\_\_
- 5) Please indicate what Planned Giving Courses you have taken:  
\_\_\_ the Original Gift Planning Course  
\_\_\_ Gift Planning Fundamentals  
\_\_\_ Other \_\_\_\_\_
- 6) My areas of expertise:  
\_\_\_ Bequest and Estate Administration  
\_\_\_ Donor Development  
\_\_\_ Planned giving communication and marketing  
\_\_\_ How to start a gift planning program  
\_\_\_ Taxation  
\_\_\_ Prospect Research  
\_\_\_ Stewardship/Recognition  
\_\_\_ Volunteer Development/Management  
\_\_\_ Life Insurance/RRSP/RRIF  
\_\_\_ Estate and Trust Law  
\_\_\_ Wealth and Financial Management  
\_\_\_ Charitable gift in a Will  
\_\_\_ Other \_\_\_\_\_