

**Project Protégé  
APPLICATION FORM**

**Please note that selected participants are to attend a  
mandatory training session on October 16<sup>th</sup>, 2010 9:00-3:30pm**

**Contact Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Age:  18-20  21-24  25-29  30+

**Education**

Program of Study: \_\_\_\_\_  
 I am currently in my \_\_\_ year:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  4+  
 I am currently completing field education:  Yes  No  
 If yes,  Field Lab  Practicum  
 If yes, where: \_\_\_\_\_

**Career Area of Interest**

After graduation, I hope to:  
 Division / Area of interest for mentorship:  
 What I am hoping to get out of the mentorship  
 program:  
 Who I envision as a mentor:

**Work Experience**

I am currently working:  Yes  No  
 If yes, where: \_\_\_\_\_

Past work experience:

<input type="checkbox"/> Education/Support	How long: _____
<input type="checkbox"/> Hospitality/Restaurant	How long: _____
<input type="checkbox"/> Labour/Warehouse	How long: _____
<input type="checkbox"/> Office/Computer	How long: _____
<input type="checkbox"/> Administrative	How long: _____
<input type="checkbox"/> Recreation/Childcare	How long: _____
<input type="checkbox"/> Retail/Sales	How long: _____
<input type="checkbox"/> Other _____	How long: _____

Past volunteer experience:

<input type="checkbox"/> Child/Youth	How long: _____
<input type="checkbox"/> Senior	How long: _____
<input type="checkbox"/> Internships	How long: _____
<input type="checkbox"/> Administrative	How long: _____
<input type="checkbox"/> Homeless	How long: _____
<input type="checkbox"/> Counselling	How long: _____
<input type="checkbox"/> Other _____	How long: _____