

# Protégé Sign-up Form

Complete the form and email to:  
[kim.cooper@youthculture.com](mailto:kim.cooper@youthculture.com)



## Participant Information:

Name \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Information \_\_\_\_\_

If applicable, Parent's or Guardian's Name and Contact Information

\_\_\_\_\_

Name of MentorAbility Experience Facilitator \_\_\_\_\_

## Please give some indications of your career interests

\_\_\_\_\_

## What kinds of business would you like to learn more about?

\_\_\_\_\_

#1 Preferred Type of Business or Type of Work \_\_\_\_\_

#2 Preferred Type of Business or Type of Work \_\_\_\_\_

Do you have any workplace experience?  Yes  No

What is your highest level of education?

High School  College and/or Trade  University  Other

**MentorAbility Canada does not discriminate on the basis of gender identity or expression. In order to ensure we consider the needs of all our participants, please consider the following optional question:**

What is your gender?

Female

Male

Non-binary/ third gender

Prefer to self-describe \_\_\_\_\_

Prefer not to say



**Statement of Participation:**

As a Protégé participating in MentorAbility Canada, I agree that:

I am interested in learning about career options and opportunities in my community.

Yes  No

In order to be successful, I need these accommodation(s):

I may be interested to give feedback about my MentorAbility Experience to help inform evaluation and to improve this program:

Yes:  by telephone  by survey

No: I don't want to give feedback

**MentorAbility Canada would like to share your story about your MentorAbility Experience (MA\_X)**

If I choose not to share my story, this will not affect my participation in MentorAbility Canada. I also understand I can change my mind and stop my story from being shared at any time. I will tell my Facilitator or the MentorAbility Provincial Coordinator if I want to stop sharing my story so it can be removed within 24 hours.

The Canadian Association for Supported Employment recognizes there are many stakeholders and participants involved in MentorAbility Canada and that not all MentorAbility Experiences meet the expectations of all parties. While such occurrences are rare, CASE requires that all participants agree to treat each other with respect and that no MentorAbility participants will disparage the other nor make negative comments about the MentorAbility Experience on social media platforms.

I give permission to MentorAbility Canada to share my story and use information, including photographs, videos, and quotes to promote and document the MentorAbility Canada Project.

Yes  No

**Protégé's Signature:** (Protégé's Parent or Guardian, if applicable)

\_\_\_\_\_ yy      mm      dd

**General liability coverage is provided through CASE for all MentorAbility Canada Project Protégés during their mentoring experiences.**

Canadian Association for Supported Employment (**CASE**)

1.800.684.5628

For more information about the MentorAbility Canada initiative connect with the following URL:



[www.supportedemployment.ca/mentorability/](http://www.supportedemployment.ca/mentorability/)



The Canadian Association for Supported Employment  
Association canadienne de soutien à l'emploi