



Mentorship Program 2023
Protégé Registration Form

Name:

Phone:

Email:

Mailing Address:

Program currently enrolled in:

Year of Study:

Educational Institution:

Please answer the following questions in as much detail as possible. Your responses will clarify why you wish to participate and will assist us to make the best possible protégé/mentor match.

Areas of interest or specialization

Please choose all that apply. Add specific details within that specialization. For example, if you choose Therapeutic Recreation, add specifics such as acute care, long term care, etc.

Arts:

Community Recreation:

Culture & Heritage:

Education:

Fitness/Health/Wellness:

Parks/Facility Management:

Recreation Management:

Sport:

Therapeutic Recreation:

Tourism:



6. Describe particular personal or professional strengths or skills such as interpersonal, technical, problem solving, etc.

7. Where do you see yourself in 5 years?

8. Are you comfortable with all types of communication? (phone, email and virtual)

9. We anticipate to host 2 facilitated sessions, open to all mentors and their protégés. The sessions may include an educational component, a facilitated discussion and a social time. We hope to host these sessions in-person, in either Regina or Saskatoon. If not, they will be held virtually.

Do you have any comments/suggestions for topics for the educational component?

10. What are your volunteer and recreation interests outside of work or school?



The following section is for committee use only and will not be shared with mentors.

11. I believe I could benefit most from a mentor whom...

12. Mentoring can be helpful to me at this time because...

13. I can be helpful to a mentor by...

14. I would like to be mentored by the following individual. (Please indicate the person's name and position. All requests will be considered, but may not be possible to facilitate.)

15. Please indicate the time(s) of day that would best suit your schedule to meet with your mentor. These meetings can be done in-person, over the phone or virtually.

During business hours:

Weekday evenings:

Weekends:



16. Final comments or questions:

Protégés Acceptance:

I understand that I must have a current Student Membership with S.A.R.P. to participate.

I understand that the information in this document is confidential.

I understand that I may not be matched with a mentor if there is no appropriate match available.

I understand that this program requires a commitment of approximately 3-5 hours per month.

Name - Printed

Name - Signature

Date Signed

Please submit your completed application to Guylaine Green, Chief Administrative Officer, at office@sarponline.ca. If you wish to mail it, please send it to:

Saskatchewan Association of Recreation Professionals
P.O. Box 945
Rosthern, Sask.
S0K 3R0