



Mentorship Program Mentor Registration Form

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 mentor/protégé match.

Name:

Phone:

Email:

Mailing Address:

Job Title:

Employer:

Education Received:

Educational Institution(s) Attended:

Areas of Recreation 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:



1. Goals and Objectives: Please state up to three outcomes that you would like to accomplish through acting as a mentor for one year. Consider personal and professional outcomes.

2. What potential barriers do you anticipate encountering during this mentorship experience and how do you plan to overcome those barriers?

3. Describe your core personality traits or characteristics that you attribute to yourself (i.e. adaptable, energetic, dependable, etc.) and give a short example.

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

5. What are your volunteer and recreation interests outside of work?



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

During business hours:

Weekday evenings:

Weekends:

12. Final comments or questions:

Mentor's Acceptance:

I understand that I must have a current Professional 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 protégé 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 office@sarponline.ca. If you wish to mail it, please send it to:

Saskatchewan Association of Recreation Professionals
P.O. Box 1561
Pilot Butte, Sask.
S0G 3Z0