



Mentoring Program Application for Mentees

Mission Statement

The Hamilton Administrators of Volunteers (HAV) is committed to developing, promoting and supporting professional excellence among those individuals empowered with the management of volunteers.

Goals and Objectives

- To promote the profession of Volunteer Management.
- To ensure that educational and professional development opportunities meet the identified needs of our members.
- To encourage and provide opportunities for networking.

What makes a great mentee?

- ✓ Willing to set reasonable learning goals and work towards meeting them
- ✓ Values mentors time and appreciates their guidance and feedback
- ✓ Understand the expectations and boundaries of the relationship
- ✓ Is open and receptive to learning from someone who may have different experiences and skills
- ✓ Participates actively by asking questions, considers alternative view points and tries new things
- ✓ Is ready to accept feedback and act upon it

Mentee Application 2017-2018

First Name: _____ Last Name: _____

Job Title: _____ Organization: _____

City: _____

Work Phone Number: _____ Email: _____

Do you have any of the following certification?

Volunteer Management Certificate

Volunteer Management Professionals of Canada formerly called CAVR

PAVR-O

Do you have any previous job or volunteer experience that relates to your current role?

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What are the major responsibilities of your current position?

1. _____
2. _____
3. _____

What are your goals over the next year?

i.e. Goal 1 –Recruitment – By January 2018 I would like to have a team of trained volunteers that will assist with the on-boarding process by facilitating the Volunteer Information Sessions.

Goal 1.
Goal 2.
Goal 3.

Confidential Agreement:

I understand that information shared between participants will be kept private and confidential.

A breach of this agreement will result in termination from this program. I have read and understand the terms for the mentor/mentee matches and I agree to adhere to the boundaries and timelines of the Mentor/Mentee Program.

Date: _____ **Signature:** _____

Please return to: Jody Casselman Casselm@hhsc.ca