



**JUST4WOMEN WOMENTors (Mentors)**

\*PLEASE PRINT CLEARLY\*

Last Name	First Name	Occupation/Sector
Do you identify as a woman?	Date of Birth (MM/DD/YYYY)	Country of Birth
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Address		
Address:		
City:		Postal Code:
Telephone #	Email Address	

What is your availability during a typical week to meet with your mentor/mentee? Please check all that apply.							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							
EVENING							

**What do you hope to achieve by participating in this program?**

Provide career advice     Support social connections     Facilitate integration into Canadian culture     Other \_\_\_\_\_

**What are your values and interests?**

**What are your strengths as a mentor?**

**Do you have any preferences regarding your match?**

**Are you able to commit your time for the duration of the program?**

Yes     No

**Do you have a recent (last 6 months) criminal record check including the vulnerable sector?**

Yes     No

**Additional Comments:**



**Consent and Declaration:**

By signing below, I \_\_\_\_\_ acknowledge that the information shared during the mentorship program will be kept confidential (between mentor and mentee) and will only be shared with IWS staff or the appropriate personnel for the following reasons:

- A client has provided written or verbal consent to share information with a third party or other organization
- In cases of immediate danger or serious harm to the client or someone else
- In cases where criminal activity has been disclosed
- In cases where there is reason to believe that a child has been abused or neglected

I also agree that some or all of the information set out above may be shared with potential funders and authorized personnel to support the clients to reach their personal goals.

**My signature below is an acknowledgement that I have fully read and understood this consent form.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release Consent:**

For the purposes of reporting and bringing to life the stories IWS provides to members, clients, and the community, IWS staff will take photos and record videos of participants at various IWS programs and events. We would like to share these media items on IWS' official website, Facebook page, and produced materials including, but not limited to, bulletins, posters, brochures, and newsletters.

If you wish to abstain from the photos, it is YOUR responsibility to give verbal notice to the staff.

By signing below, I give permission to IWS to use or publish photographs at its discretion. I also acknowledge that IWS may choose not to use my photographs at this time, but may do so at its own discretion at a later date. I acknowledge that since participation is voluntary, neither my minor child(ren) nor I will receive financial compensation. Therefore, I agree to indemnify and hold harmless IWS, its Board, and Staff from any claims arising from the use of my photographs. IWS reserves the right to discontinue the use of any photographs without notice.

- I have read and understood the above terms and consent to have my photo taken by IWS
- Please do not take photos of me. I will give notice to the photographer and remove myself from pictures.

**My signature below is an acknowledgement that I have fully read and understood this photo release form.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_