Mentee Application

If you would like to participate as a Chilliwack School District 33 Mentee, please fill out the following application form.

Name: _____

School: _____ E-mail: _____

☐ EA Elementary ☐ EA Middle ☐ EA Secondary ☐ Indigenous EA ☐ CYCW ☐ Clerical

Number of years' service working in School District 33: _____

Mentee Criteria

- Open and willing to learn
- Eager, Professional, Respectful, Confidential

What are you looking for in a Mentor?

_____

_____

_____

_____

What do you hope to gain from a mentorship partnership?

_____

_____

_____

_____

Is there someone particular in our organization that you would like to be mentored by? Please state the name of that individual below.

_____

Date: _____

Signature: _____

Note: I understand that my role as a Mentee will require no overtime as per the Collective Agreement between School District 33 and C.U.P.E. 411, page 39.