



Canadian Institute  
for Procurement  
and Materiel  
Management

Institut canadien  
d'approvisionnement  
et de gestion  
du matériel

## 2021 CIPMM PROCUREMENT AND MATERIEL MANAGEMENT MENTORSHIP PROGRAM APPLICATION FORM

If you would like to participate as a mentor, please fill out the following form.  
Information will be kept confidential and will only be shared with the CIPMM  
Mentorship Committee.

Applicant Name:

Job Title:

Department:

Address:

Email:

Phone:

Language preference: ☐ English ☐ French

Years of Experience:

My main focus is on: ☐ Procurement ☐ Materiel Management ☐ Fleet Management ☐ All mentioned ☐ Other

Are you willing to commit to 3-4 hours every month from February 2021 – September 2021? ☐ Yes ☐ No

Have you been a mentor (informally or in a program) before? ☐ Yes ☐ No

If yes, please describe your experience

Work History (from most recent employment, last two positions):

Dates	Departments	Positions held

Please indicate learning goals you would have for this mentoring relationship:

1) 2) 3)

Why are you interested in the program?

By completing this application form, you agree to the goals and purpose of the Mentorship program. CIPMM encourages an open exchange of information and ideas between members participating in the program. However, CIPMM cannot and does not review such communications and does not guarantee or endorse the accuracy of any information exchanged between mentor and mentee.

You agree that you will participate in the Mentorship program in a manner consistent with the CIPMM Mission and Vision. You further agree to completely release CIPMM, and its directors, from all claims, judgments, demands, liabilities, and actions that you may have arising out of, or in any way relating to, your participating in the Mentorship program.

I agree with the above terms, conditions, and goals of the Mentorship program, and understand that it is a responsibility of all members of the procurement and materiel management community to conduct themselves in a manner that brings credit to them, their profession and departments and organizations they represent.

Signature

Date

**Submit this form to [admin@cipmm-icagm.ca](mailto:admin@cipmm-icagm.ca)**