



Canadian Institute
for Procurement
and Materiel
Management

Institut canadien
d'approvisionnement
et de gestion
du matériel

2020 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 November 2019 – June 2020? 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