

What would you like to gain from this mentoring opportunity?

How did you hear about us?

- Agency (specify)
- News
- Referral (specify)
- Other (specify)
- Friend
- Internet
- Event (specify)

Volunteer Experience

Cross-cultural Experience

Background and Interests

Special Skills, Hobbies, or Interests

Languages Spoken

Availability

Please check all the times you would be available to meet with a Mentee:

- Mornings
- Afternoons
- Evenings
- Monday to Friday
- Saturday/Sunday

Where would you like to meet?

- Workplace
- Other (specify)

Please initial each of the following and then sign at the bottom of the page.

Consent to Collect and Use Personal Information

I hereby consent to give personal information about myself, such as name, address, and phone number, as well as education and work experience, etc., to:

i) **Immigrant Services Society of BC (ISSo/BC)**. I understand that this information will only be used for program operation purposes. I understand that this information is only accessible to ISSo/BC staff and designated volunteers. I consent to ISSo/BC having this information, and I allow ISSo/BC to keep this information indefinitely for the purpose of record keeping and contact regarding ISSo/BC programs, information or my participation with ISSo/BC in general.

ii) **The Government of British Columbia**. I understand that this information could be disclosed to government employees or their designates strictly for contract monitoring, auditing, and/or research purposes such as program evaluation and client satisfaction surveys.

The Provincial Personal Information Protection Act (PIPA) governs the collection, use and disclosure of personal information by organizations, as well as recognizes the right of individuals to protect their personal information. By signing this notice you are giving permission for ISSo/BC to disclose the personal information it collects to the government employees or their designates for the purposes noted above.

Initials: _____

Release of Liability

I agree that Immigrant Services Society of BC will not be liable for, and I agree to hold ISSo/BC, its officers, directors, employees, agents, and funders harmless from any and all liability, causes of action and losses incurred in any way relating to or arising out of my participation in this program.

Initials: _____

Mentee Only

I further acknowledge and accept that the "mentor" matched with me as part of the Mentoring Activities is not providing me professional advice (e.g. independent lawyer or accountant), but is sharing experiences, information and ideas with me on a voluntary basis. I hereby release that mentor and the Immigrant Services Society of BC from any claim and liability in connection with my reliance on the support and experiences shared by that mentor.

Confidentiality Agreement

I agree that I will not disclose to anyone outside of ISSo/BC any confidential information not available to the general public that I may obtain, without authorization from the Chief Executive Officer (CEO) or such person as appointed by the CEO.

Further, I agree that prior to seeking publication of any article or material containing information which I may obtain through my participation with ISSo/BC, I will submit the same for review and approval by the Chief Executive Officer (CEO) or such person appointed by the CEO.

Initials: _____

I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Name: _____ Signature: _____ Date: _____