



**YMCA of Three Rivers  
Immigrant & Employment Services  
Mentee Application Form**

**The information is collected to help us find a mentor for you and will be kept confidential.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Main E-Mail: \_\_\_\_\_

Secondary E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Country of Origin: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Date of Arrival in Canada: \_\_\_\_\_ Date of Landing: \_\_\_\_\_

Initial Destination City in Canada: \_\_\_\_\_ Province: \_\_\_\_\_

**Education and Qualifications**

The highest level of education achieved:

- |                                                       |                                                     |
|-------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> High School                  | <input type="checkbox"/> Some Post Graduate Studies |
| <input type="checkbox"/> Formal Trade Certificate     | <input type="checkbox"/> Master's Degree            |
| <input type="checkbox"/> Other Non-University Studies | <input type="checkbox"/> Doctorate Degree           |
| <input type="checkbox"/> Bachelor's Degree            |                                                     |

Name of Degree/Certificate: \_\_\_\_\_

What is your professional field and area of expertise?

\_\_\_\_\_ / \_\_\_\_\_

How many years of related experience do you have in your professional field?

\_\_\_\_\_

What is the equivalent of your profession in Canada according to the National Occupational Classification Directory? (If you know the NOC Number)

\_\_\_\_\_

Are you currently working in Canada? If yes, please specify your employer and position.

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Were your credentials assessed in Canada? If yes, please specify the assessment organization.

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Please confirm that your level of English is 6 or above and what type of assessment did you complete?

Above 6

Levels: Reading: \_\_ Writing: \_\_ Listening: \_\_ Speaking: \_\_

Assessment type: \_\_\_\_\_

If you are interested in being matched with an experienced Canadian professional who has a similar educational background and work experience or who shares common career goals would you please list your expectations from the match:

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Who referred you to the Mentorship Program?

YMCA Staff (please specify the staff member and the name of the program)

\_\_\_\_\_

Advertising

Other (please specify) \_\_\_\_\_

## YMCA Commitment to Privacy Act

The YMCA of Three Rivers wants to protect personal information by following responsible information handling practices and the government's privacy laws.

We collect and use personal information for the following reasons: meet clients' needs; ensure the safety of our participants, staff and guests; statistics; give clients information about the YMCA program in which they are registered; refer clients to internal and external programs and services that they have requested; meet the requirements of the government and regulatory boards.

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

Funded by:

Financé par :



Immigration, Refugees  
and Citizenship Canada

Immigration, Réfugiés  
et Citoyenneté Canada