

Mentoring Program

Volunteer Mentor Profile Form

Contact Information

Other (specify) _



The information you provide on this form will assist mentees in getting to know you a little better and to assess compatibility as they self-select a mentoring partner who can fill this role and help meet their needs. Once you've completed the form, please email it to **communications@cvma-acmv.org**. We thank you for your expression of interest in the CVMA Mentoring Program.

First name:	Last name:	
Gender: male female College and year o	f graduation as DVM:	
Clinic or Company name:	Citv. Province:	
Phone: work home cell	Email:	
Language proficiency: English French Other (sp	pecify)	
Professional Background		
Employment Type Academia Aquarium Canadian Food Inspection Agency Government - Federal Government - Provincial / Territorial Industrial / Commercial Laboratory Non-Governmental Organization Non-Profit Organization Private Clinical Practice Retired Zoo Not employed	Current (check only one)	Previous (check all that apply)

Professional Background (continued) **Position Type Current** (check only one) **Previous** (check all that apply) Administrator / Manager / Director Associate Consultant Hospital Manager Inspector / Regulator / Analyst Practice Owner / Partner Programs / Policies - Animal Health - Public Health Professor / Educator Researcher Other (specify) ___ Current area of practice self-classification (select one): Companion animals only Equine only Food animals only Other (specify) Mixed animals ☐ Not applicable **Diplomate/Specialist designation:** Other professional associations or organizations to which you belong (please list): \neg Yes (specify) $_$ □ No Please provide additional information about yourself that will help mentees get to know you better: I would describe myself as: _ Some of my interests and hobbies include: ___ My current status is (select one): I am a veterinarian registered with a provincial regulatory body, I hold an active practice license and I am not involved in a current proceeding with any provincial regulatory body.

- I am a veterinarian who does not hold an active practice licence for reasons other than sanctions or restrictions imposed by a provincial veterinary regulatory body against me.
- I am a veterinarian retired from active employment in veterinary medicine.

☐ I wish to volunteer as a mentor in the CVMA Mentoring Program and I understand and accept in full the following:

- 1. As a mentor, any support I provide in the course of the mentoring relationship is solely for the purpose of guiding and supporting the mentee.
- 2. The information I provide in the course of mentoring will not be relied upon by the mentee as a substitute for his/her own independent judgment or professional opinions.
- 3. CVMA acts as a facilitator and once the parties come together in a mentoring relationship, CVMA has no influence over the actions of the mentors and the mentees in the program.
- 4. The mentee agrees to release and hold harmless the Canadian Veterinary Medical Association and the volunteer mentors of this program from any liability or claims, including but not limited to, any loss, damages, injuries, libel, slander, defamation, breach of privacy, arising out of the use of services offered under the CVMA Mentoring Program.

- The mentor and mentee will promptly disclose to each other any conflicts of interest of which either becomes aware during the mentoring relationship.
- Both mentor and mentee will keep confidential all information disclosed by one to the other that is not in the public domain.
- 7. Either party has the right to terminate the mentoring relationship, by notice given orally or in writing to the other.
- The mentor and mentee will provide confidential feedback on their experience in the CVMA Mentoring Program, as requested by CVMA (online survey), to help evaluate the Program's effectiveness and value to members.