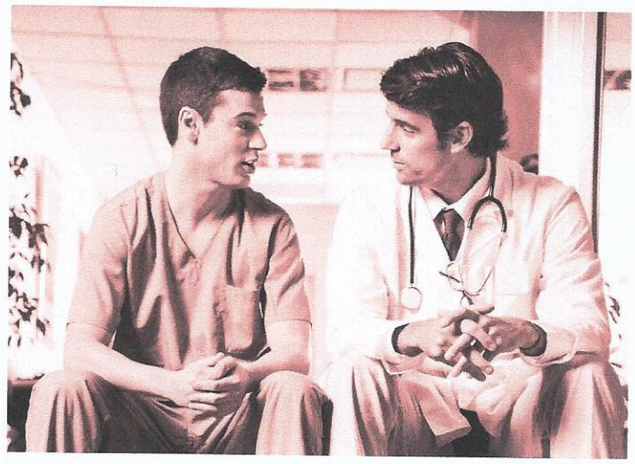
CANADIAN VETERINARY MEDICAL ASSOCIATION

L'ASSOCIATION CANADIENNE DES MÉDECINS VÉTÉRINAIRES

Mentoring Program

Volunteer Mentor Profile Form



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.

Contact Information

First name: Eliska Last name: Dickinson-Mills

Gender: ☐ male ☑ female College and year of graduation as DVM: AVC 2006.

Clinic or Company name: Dickinson & Baird Vet Hosp City, Province: Hampton, N.B.

Phone: ☑ work ☐ home ☐ cell 506-832-3192 Email: info@dickinsonandbaird.com

Language proficiency: ☑ English ☐ French ☐ Other (specify) _____

Professional Background

Employment Type	**Current** *(check only one)*	**Previous** *(check all that apply)*
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	☐	☐
Other (specify) _____	☐	☐

Professional Background *(continued)*

Position Type	**Current** *(check only one)*	**Previous** *(check all that apply)*
Administrator / Manager / Director	☐	☐
Associate	☐	☑
Consultant	☐	☐
Hospital Manager	☐	☐
Inspector / Regulator / Analyst	☐	☐
Locum	☐	☐
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

☐ Food animals only

☑ Mixed animals (Small Animal + Equine).

☐ Equine only

☐ Other (specify) _____

☐ Not applicable

Diplomate/Specialist designation:

☐ Yes (specify) _____

☑ No

Other professional associations or organizations to which you belong (please list):

NBVMA Council, AAEP

Please provide additional information about yourself that will help mentees get to know you better:

I would describe myself as: hard working, compassionate, motivated,

Some of my interests and hobbies include: Family, Horses, Golf, Sports.

☑ **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 mentor and mentee will promptly disclose to each other any conflicts of interest of which either becomes aware during the mentoring relationship.
5. Both mentor and mentee will keep confidential all information disclosed by one to the other that is not in the public domain.
6. Either party has the right to terminate the mentoring relationship, by notice given orally or in writing to the other.
7. 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.