



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: _____ Last name: _____

Gender: male female College and year of graduation as DVM: _____

Clinic or Company name: _____ City, Province: _____

Phone: work home cell _____ Email: _____

Language proficiency: English French Other (specify) _____

Professional Background

Employment Type	Current <i>(check only one)</i>	Previous <i>(check all that apply)</i>
Academia	<input type="checkbox"/>	<input type="checkbox"/>
Aquarium	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Food Inspection Agency	<input type="checkbox"/>	<input type="checkbox"/>
Government - Federal	<input type="checkbox"/>	<input type="checkbox"/>
Government - Provincial / Territorial	<input type="checkbox"/>	<input type="checkbox"/>
Industrial / Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory	<input type="checkbox"/>	<input type="checkbox"/>
Non-Governmental Organization	<input type="checkbox"/>	<input type="checkbox"/>
Non-Profit Organization	<input type="checkbox"/>	<input type="checkbox"/>
Private Clinical Practice	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Zoo	<input type="checkbox"/>	<input type="checkbox"/>
Not employed	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Professional Background *(continued)*

Position Type

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 *(check only one)*

Previous *(check all that apply)*

Current area of practice self-classification (select one):

- Companion animals only
 Food animals only
 Mixed animals

- Equine only
 Other (specify) _____
 Not applicable

Diplomate/Specialist designation:

- Yes (specify) _____
 No

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

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: _____

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.