



Kin Canada

Kinsmen • Kinettes • Kin



Kin Canada Mentee Application Form

Thank you for taking interest in the Kin Canada Mentoring Program. This application below will be used to compile a database of members interested in being mentored by others. A Mentee is someone who...

- ✓ Has a strong desire to be part of the program
- ✓ Understands and is able to communicate goals and objectives with a mentor
- ✓ Takes responsibility for meeting goals
- ✓ Is willing to accept both positive feedback and constructive criticism and is able to make adjustments when needed
- ✓ Is open to trying new things and taking chances

Name: _____

Email: _____ Phone #: (_____) _____

Club: _____

District (Mark One): 1___ 2___ 3___ 4___ 5___ 6___ 7___ 8___

Year you joined Kin: _____

Do you have a preference on being match with a Kinsmen or a Kinette? (Mark One)

Kinsmen_____ Kinette_____ No Preference_____

Do you have a mentor already in mind? (Mark one)

YES___ NO___

If yes, please provide the following:

Name: _____ Phone #: (_____) _____ - _____

Email: _____

Club: _____

Time Zone (Mark One):

PST (-8h)___ MST (-7h)___ CST (-6h)___ EST (-5h)___ AST (-4h)___ NST (-3.5h)___

How often would you like to communicate with a Mentor? (Mark One)

Daily___ Weekly___ Monthly___ Other: _____

How much time each month are you willing to commit to mentoring? (Mark One)

___ 1-5 hours

___ 16-20 hours

___ 6-10 hours

___ 21-25 hours

___ 11-15 hours

___ 26+ hours



How would you like to communicate with your Mentor? (Mark all that apply)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Skype |
| <input type="checkbox"/> Email | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Text Message | <input type="checkbox"/> Google Hangouts |
| <input type="checkbox"/> In person | <input type="checkbox"/> Other: _____ |

Have/do you held/hold any positions outside of your club or are you working towards a position outside of your club? (Please list all)

i.e. Governor, DMD, Board member etc.

Which languages do you speak? (Please list all)

i.e. English, French, Spanish, Hindi, Mandarin

What would you define as your personality type? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Adventurer | <input type="checkbox"/> Homebody |
| <input type="checkbox"/> Class Clown | <input type="checkbox"/> Intellectual |
| <input type="checkbox"/> Book Worm | <input type="checkbox"/> Morning Person |
| <input type="checkbox"/> Creative/Crafty | <input type="checkbox"/> Night Owl |
| <input type="checkbox"/> Dare Devil | <input type="checkbox"/> Techy |
| <input type="checkbox"/> Diva | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Geek | |

What are you looking to take away from this experience with your Mentor?

What are you passionate about within Kin?

What do you do outside of Kin?

i.e. profession, hobbies, other volunteering etc.

What about Kin has made you stay with the Association and in your club?



What about Kin made you join?

What would you say are your top 3 personal attributes?

1. _____
2. _____
3. _____

What is your top strength? _____

What is your top weakness? _____

Where do you see yourself within Kin in the next 2-4 years?

i.e. continuing in your club, running for Vice Governor etc.

What do you expect of the Mentor in this mentoring relationship?

What do you expect of Kin Canada in this mentoring relationship?

Please provide any additional comments that you think would be beneficial for us to know about you:



*Thank you for taking the time to apply to be a mentor with the Kin Canada Mentoring Program.
The Club Support Coordinator will be in touch with you regarding next steps once your application is received.*

Please submit this application in one of the following ways:

Email: Scan and send to lking@kincanada.ca

Fax: (519) 650 – 1091

Mail: Kin Canada

1920 Rogers Drive, Box 3460

Cambridge, ON, N3H 5C6