



## MENTEE APPLICATION FORM 2012 MENTORSHIP PROGRAM

*Are you an ACA Member? Y/N Please ensure you renew or join ACA by the deadline (below) to be eligible, as this program is open to ACA members only. This program is for the 2012 calendar year.*

1. Your Name: \_\_\_\_\_

2. Your E-mail Address: \_\_\_\_\_

3. Your Phone Number: \_\_\_\_\_

4. Preferred Geographic Location of Mentor: \_\_\_\_\_

5. Educational Institution/Program *or* Employer: \_\_\_\_\_

6. If a student - # Yrs in Archival Education/where: \_\_\_\_\_

7. If a working Archivist - # of Yrs/Mos employed: \_\_\_\_\_

8. Please indicate the institutional area(s) in which you are interested:

- |  |  |
|--|--|
| <input type="checkbox"/> National/Provincial | <input type="checkbox"/> Hospital/Medical          |
| <input type="checkbox"/> Municipal/Regional  | <input type="checkbox"/> <b>All of these areas</b> |
| <input type="checkbox"/> University/College  | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Corporate           |  |
| <input type="checkbox"/> Religious           |  |

9. Please check any specific area(s) of interest that you would like to discuss with a mentor:

- |  |  |
|--|--|
| <input type="checkbox"/> Acquisition/Appraisal   | <input type="checkbox"/> Technology & Archives     |
| <input type="checkbox"/> Reference               | <input type="checkbox"/> Special Media             |
| <input type="checkbox"/> Records Management      | <input type="checkbox"/> Personal Archives         |
| <input type="checkbox"/> Arrangement/Description | <input type="checkbox"/> <b>All of these areas</b> |
| <input type="checkbox"/> Exhibitions/ Outreach   | <input type="checkbox"/> Other _____               |

10. Preferred contact method(s) for mentoring relationship:

- |                                |                                    |                                   |
|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> Meetings |
|--------------------------------|------------------------------------|-----------------------------------|

11. Provide any comments that you think would be useful for matching you with a mentor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***For a description of the ACA Mentorship Program, please refer to the ACA Website at:***  
<http://www.archivists.ca/content/aca-mentorship-program>

For questions please contact: [aca@archivists.ca](mailto:aca@archivists.ca)

**DEADLINE NOVEMBER 24<sup>TH</sup>, 2011**

**RETURN THIS FORM TO ACA BY EMAIL OR FAX (see coordinates above)**

*The ACA will make every effort to ensure an appropriate match; however, it cannot be responsible for the outcome of any specific match.*



## MENTOR APPLICATION FORM 2012 MENTORSHIP PROGRAM

*Are you an ACA Member? Y/N Please ensure you renew or join ACA by the deadline (below) to be eligible, as this program is open to ACA members only. This program is for the 2012 calendar year.*

1. Your Name: \_\_\_\_\_
2. Your Email Address: \_\_\_\_\_
3. Your Phone Number: \_\_\_\_\_
4. Preferred Geographic Location of Mentee: \_\_\_\_\_
5. Institutional Affiliation (if applicable): \_\_\_\_\_
6. Number of Years in the Archival Profession: \_\_\_\_\_
7. Please indicate the institutional area(s) in which you have worked or have an interest:
  - National/Provincial
  - Municipal/Regional
  - University/College
  - Corporate
  - Religious
  - Hospital/Medical
  - Other \_\_\_\_\_
8. Please check any specific area(s) of interest that you would that you would feel comfortable discussing with a mentee:
  - Acquisition/Appraisal
  - Reference
  - Records Management
  - Arrangement/Description
  - Exhibitions
  - Outreach
  - Technology & Archives
  - Special Media
  - Personal Archives
  - Other \_\_\_\_\_
9. Preferred contact method(s) for mentoring relationship:
  - Email
  - Telephone
  - Meetings
10. Provide any comments that you think would be useful for matching you with a mentee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***For a description of the ACA Mentorship Program, please refer to the ACA Website at:***  
<http://www.archivists.ca/content/aca-mentorship-program>

For questions please contact: [aca@archivists.ca](mailto:aca@archivists.ca)

<b>DEADLINE NOVEMBER 24TH, 2011</b> <b>RETURN THIS FORM TO ACA BY EMAIL OR FAX (see coordinates above)</b>
---

The ACA will make every effort to ensure an appropriate match; however, it cannot be responsible for the outcome of any specific match.