



Ottawa Community Immigrant Services Organization
Organisme Communautaire des Services aux Immigrants d'Ottawa

CAREER MENTOR APPLICATION

PERSONAL INFORMATION

Name _____

Address _____

First _____ Last _____
Home Phone _____

APT _____ Street _____ Business Phone _____ Ext. _____

City _____ Prov. _____ Postal Code _____

E-mail (work) _____ (personal) _____

Preferred Email Work Personal Cell Phone _____

Emergency Contact _____ Phone _____

PROFESSIONAL BACKGROUND

Current workplace _____

Job title / position _____

Number of years of work experience (please attach resume) _____

Professional Development

Professional affiliation(s) and membership(s)

Other Training or Certificates

Why do you want to volunteer as a Career Mentor?



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Fax: (613) 725-9054

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OCISO LINC – South/Sud
1800 rue Bank St., 3rd Floor
Ottawa, ON, K1V 0W3
Tel: (613) 249-9634
Fax: (613) 249-9642

info@ociso.org / www.ociso.org

How did you learn about the Career Mentor Program?

- Friend or Colleague OCISO Website Facebook LinkedIn Twitter OCISO Mentor
- OCISO Mentee OCISO Mentee Community partners Other _____

What do you think is the number one challenge newcomers face when they are looking for work in Canada?

What technical expertise can you provide as a mentor? (ex: software development, health administration, resume writing, excel, PowerPoint, ...)

Identify 5 areas of expertise or knowledge that you could share with a Mentee.

Please rank your 5 in order of importance: 1 (the most important) to 5 (the least important)

- Canadian Culture Communication Skills Interpersonal Skills Networking
- Career development Professional Development/Education Job Search Skills Research

LANGUAGES

- Spoken Written _____ Spoken Written _____
- Spoken Written _____ Spoken Written _____

I PREFER MENTORING:

- Woman Man No preference

MENTOR TRAINING

Please indicate areas in which you would like to have additional support:

- Resume and cover letter writing
- Effective networking skills
- Identifying job opportunities in the profession and related field(s)
- Assistance with cross-cultural transition and communication
- Interview preparation
- Other (please specify)

REFERENCES

1/ Name _____ Relationship _____

Home Phone _____ Business Phone _____

E-mail _____

2/ Name _____ Relationship _____

Home Phone _____ Business Phone _____

E-mail _____

PERMISSION TO CONTACT REFERENCES

I hereby declare that the following information is true, and complete to my knowledge, I authorize OCISO to follow-up on any information disclosed and to check references.

Signature

Date

Please send the filled application form along with your resume to Jasmine Qi, at jqi@ociso.org