# **Fighting Blindness Canada Young Leaders Mentorship Program**

# **Youth Mentee Application**

Thank you for your interest Fighting Blindness Canada’s Young Leaders Mentorship Program. Please email your completed application to [education@fightingblindess.ca](mailto:education@fightingblindess.ca) no later than **March 18, 2021**.

## **Mentee Information**

Name:

Phone Number:

Email:

Age:

Eye condition:

Any accessibility accommodations:

## **Education & Employment**

Are you currently (mark or highlight all that apply):

* In high school
* In post-secondary education
* Working part time
* Working full time
* Unemployed and not in school
* Other. Please specify:

If you are currently in school, what institution are you attending? For post-secondary, what are your subject(s) of study?

If you are currently working, where do you work and what is your position?

Do you currently volunteer? If so, where?

## **Availability**

Do you have access to email and internet?

Are you able to commit to attending six 1-hour Zoom sessions between April – November 2021?

## **Short-Answer Questions**

**P**lease refer to word limits in brackets.

1. Why do you want to participate in the Young Leaders Mentorship Program? Do you have any particular expectations or goals for the program? (250 words)
2. What careers are you most interested in learning about? (100 words)
3. Do you have any hobbies? How do you enjoy time off? (100 words)
4. What is one goal you have set for the future? (100 words)
5. If you could learn something new, what would it be? (100 words)

Thank you for completing the Mentorship Program application form, please email it to [education@fightingblindess.ca](mailto:education@fightingblindess.ca) no later than **March 18, 2021**.