



Application and Undertaking of Confidentiality

I, _____, of the City of _____, Province of _____, hereby apply to be a mentee in relation to the ICD, Calgary Chapter Director Mentorship Program.

I hereby confirm that I hold the ICD.D designation and am in good standing with the ICD as of the date of this application.

I further confirm that the information form provided on the attached Schedule "A" is true and correct.

I further agree and undertake to maintain all information and conversation between myself and my mentor in total confidence and shall not disclose to any person any particulars of the conversations and messages between myself and my Mentor in this program.

I hereby agree to indemnify and save harmless the ICD, the Calgary Chapter executive of the ICD, and my Mentor from and against any suits, claims, or damages that may arise as a result of the participation and conversation with the Mentor.

I also agree that:

1. I will meet with the Mentor at times to be mutually agreed between us with the aim that we would meet for about a total of 8 hours in the 12-month period that I am participating in this program. I undertake to be engaged, prepared with questions or issues that aim at increasing my understanding of how to be a good member of a board and to further good governance in a board capacity and have the desire and time necessary to commit to actively participate in this Mentor/Mentee Program;
2. The Mentor/Mentee program is intended to be used to expand and improve my knowledge of how to be a more effective board member and, as such, should not be used as a networking tool, i.e., to acquire contacts from my Mentor to gain (an invitation to) a board position; and
3. To provide feedback to the ICD Calgary Chapter executive on the positive and negative aspects of the program.

Application Fee: \$75 + GST

I have made payment for the registration fee online to the ICD

Mentorship Program Fee:

If chosen to be a part of this Mentor Program, I will pay an addition \$675 + GST within 10 days of being invoiced.

ICD.D Designation:

I hereby confirm that I hold the ICD.D designation (or will have completed by December 2024) and am a member in good standing with the ICD.

Dated this _____ day of _____, 2024.

Signature

Schedule "A"

Name: _____

Address: _____

Reasons for applying to the Director Mentorship Program *(in one or two paragraphs be explicit as to what you expect to achieve in participating in the program and how this will improve your ability to contribute more in a board role.)*

Synopsis of Qualifications to be on a Board *(in two or three paragraphs provide a summary of your prior knowledge and experience in dealing with boards with particular details of your role as an executive or board member; give clear examples if you can of areas or issues that have arisen in your current experience that show that you have a solid knowledge of the roles and responsibilities and challenges that a board member faces that you hope to get more skills in handling through participation in the program.)*