STEP UP-

WHERE ENTHUSIASM MEETS EXPERIENCE.

Mentor Application

Please provide detailed responses, as this information will help potential Mentees learn about you and your farm.

* = Required Fie	eld
*Name:	
*Farm Name:	
*Address:	
Address 2:	
*City:	
*Province:	
*Postal Code:	
*Email:	
*Phone:	

Describe your farm open Eximum 250 words:	ration (acreage, produc	ction type, workers	s/employees, etc.)
Why do you want to be erience? ximum 250 words:	come a Mentor? What	do you hope to ob	tain/learn from this

) words:	_	production, etc)?	
ed to find a ximum 250	n apartment etc.)) words:)		

5. *Mentee Dietary Preferences/Needs you can accommodate: Vegetarian Non-Vegetarian Vegan Other:
6. *Your smoking policy: Does not matter Non-Smoking Smoking in home Smoking on property, not in home
Please e-mail or mail a picture of your farm, farm sign, or yourself which can be posted next to your profile on the STEP UP website, and send this completed application to:
Jennifer Hardy-Parr, STEP UP Program Coordinator <u>stepup@cfbmc.com</u>
Canadian Farm Business Management Council Conseil canadien de la gestion d'entreprise agricole 250 City Centre Avenue, Suite 300, Ottawa, Ontario K1R 6K7
1-888-232-3262, ext. 0

If you have any questions, please do not hesitate to contact me!

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