



REGISTRATION

Last name : _____ First name: _____

Middle name: _____ Sex: _____ Date of Birth (M/D/Y): ____ / ____ / ____

SIN number: _____ Heath Card number: _____

Drivers license number (if applicable): _____

Role: Mentee Mentor

Mailing address:

Number: _____ Street: _____ Apt/ Unit: _____

City: _____ Province: _____ Postal code: _____

Email address: _____

Home Phone: ____ - _____ Cellphone: ____ - _____

Residency Status: Canadian Citizen Permanent Resident

Refugee under the Immigration and Refugee Protection Act

Emergency Contact:

Last name: _____ First name: _____

Relationship: _____

Number: _____ Street: _____ Apt/Unit: _____

City: _____ Province: _____ Postal code: _____

Home Phone: ____ - _____ Work: ____ - _____ Ext: _____

Cell phone: ____ - _____

Signature: _____

Date: _____

