



Mentoring Agreement

British Columbia Institute of Agrologists (BCIA)
Articling Agrologist (A.Ag.) Program

ARTICLING AGROLOGIST

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone # _____ Cellular Phone # _____ Work Phone # _____

Email Address _____

EMPLOYMENT

Employment Title _____

Present Employer _____

Date Appointed _____

ASSIGNED MENTOR

Name _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone # _____ Cellular Phone # _____ Work Phone # _____

Email Address _____

Having reviewed the program outlined in the Articling Agrologist Journal, we hereby agree to pursue the program objectives and required activities, recognizing that the Mentor's role is one of support, monitoring, and guidance, and the responsibility to complete the program is the Articling Agrologist's.

Signature of Articling Agrologist _____ Date _____

Signature of Mentor _____ Date _____

PLEASE EMAIL TO: BC Institute of Agrologists at p.ag@bcia.com
AND your Branch Articling Agrologist Coordinator (see BCIA website: www.bcia.com)
ORIGINAL TO: Articling Agrologist Journal