Canadian Association of Women in Construction Unit 1, 365 Brunel Road

Mississauga, ON L4Z 1Z5 Tel: 416-759-1991

www.cawic.ca

CAVAC
Canadian Association of Women in Construction

CAWIC Mentorship Program Application

Date:		
First Name:	Last Na	ame:
Company:		
Position:		
Email Address:		
Mailing Address: St	eet Address:	
City:	Province:	Postal Code:
Birthday:		
Are you a member o	f CAWIC? Yes [] No []	
I would like to be a:	Mentee [] Mentor []	
<u>-</u>	er of years you have worke	e in the construction industry, ed in the industry and details on
What do you hope to	o gain from the mentorship	program?