



**FRANCHISE COACH
IN YOUR CORNER**

Zor-2-Zor
FRANCHISE COACH IN YOUR CORNER
MENTOR APPLICATION

**Please submit your completed form to
Melanie Silver at msilver@cfa.ca**



Growing Together

Program Overviews & Responsibilities:

We will attempt to pair each Mentor with a Mentee from his/her own region, if available, based on the Mentee's desired consultation topics, taking into consideration the Mentor's self-identified areas of expertise. A Mentor will not be paired with a Mentee from a competing system (as identified by the Mentor). We will assign a Mentor to a Mentee on a first come, first serve basis, based on Mentor availability.

A Mentor is required to commit to a 12 month term with his/her assigned Mentee. Over the course of the term, the Mentor will be required to provide 12-15 hours to his/her Mentee via telephone and/or email. In-person meetings may be arranged at the discretion of the Mentor and Mentee.

Length of Commitment:

A Mentor will be assigned one Mentee (when available) when he/she is confirmed as a Mentor for a one year term. At the conclusion of the term, a Mentor will be assigned a new Mentee unless he/she advise he/she are not renewing his/her participation in CFA's Zor-2-Zor: Franchise Coach in Your Corner program (the "Program").

Evaluation and Reporting:

We require the Mentor to complete a brief survey about his/her experience in CFA's Zor-2-Zor: Franchise Coach in Your Corner program (the "Program") at the three and six month points in the Mentor/Mentee relationship and conclusion of the term. This information will be used to help CFA further to develop the Program on an ongoing basis and will help CFA to identify any additional areas of opportunity for CFA members.

DATE: _____ (MM/DD/YYYY)

MENTOR CONTACT INFORMATION:

First Name: _____ Last Name: _____

Title: _____ Company: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Phone: _____ Email: _____

Years' experience in franchising: 5-7 8-10 10-15 16+

Areas of Experience:

- | | | |
|---|--|--|
| <input type="checkbox"/> Advisory Councils | <input type="checkbox"/> General Management | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Brand Development | <input type="checkbox"/> HR | <input type="checkbox"/> Real Estate / Leasing |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> International Expansion | <input type="checkbox"/> Recruitment |
| <input type="checkbox"/> Field Operations | <input type="checkbox"/> Legal | <input type="checkbox"/> Resales |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Other: _____ |

Expertise in these Industry Sectors:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Computer/Software/Internet | <input type="checkbox"/> Food - Restaurant/Dining |
| <input type="checkbox"/> B2B | <input type="checkbox"/> Food - Coffee | <input type="checkbox"/> Retail |
| <input type="checkbox"/> B2C | <input type="checkbox"/> Food - QSR | <input type="checkbox"/> Other: _____ |

Expertise in these Regions:

- AB BC MB NB NL NS NT NU ON PE QC SK YT All of Canada INT US

Please submit any additional information you think would be helpful in pairing you with a mentee:

I, _____, (in my personal capacity and on behalf of my Company as named above, and its directors, officers and employees): 1. acknowledge and agree that all aspects of the Mentor/Mentee relationship, apart from the initial introduction made by CFA, are solely within the control of the Mentor and/or the Mentee; 2. hereby waive any and all claims I and the foregoing parties may have against the CFA, its directors or members, including, but not limited to, any claims relating to disclosure of and/or reliance on any confidential information of the Mentor and/or the Mentee; 3. acknowledge that CFA reserves the right at any time to a) if CFA deems necessary, reassign the Mentor/Mentee to other persons at any point during the term; and/or b) modify or discontinue the Program for any reason by notifying the participants in writing; and 4. acknowledge that CFA assumes no liability for so modifying or terminating the Program or in relation to CFA's administering of the Program.

NAME: _____

(please print)

SIGNATURE: _____

DATED: _____