



**FRANCHISE COACH
IN YOUR CORNER**

Zor-2-Zor

FRANCHISE COACH IN YOUR CORNER

MENTEE APPLICATION

**Please submit your completed form to Meredith Lowry
via fax at 416-695-1950 or email at mlowry@cfa.ca**



**Canadian
Franchise
Association™**

DATE: _____ (MM/DD/YYYY)

MENTEE CONTACT INFORMATION:

First Name: _____ Last Name: _____

Title: _____ Company: _____

Address: _____

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

Phone: _____ Email: _____

In business since: _____ **CFA Member since:** _____

Are you the voting Member? Yes No

If you are not the Voting Member, as only one mentee space is available per franchise system per year, please have your Franchise System voting member acknowledge that you will be the mentee for this year.

Voting Member Name: _____

Voting Member Signature: _____

I would like to discuss the following topic(s):

- | | | |
|---|--|--|
| <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: _____ |

Please provide further details (if required):

What regions are you focusing your expansion in?

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

What are your specific challenges?

What are you hoping to get from your Mentor?

What are the top three things you wish to accomplish by the end of your mentorship term?

1. _____
2. _____
3. _____

Evaluation and Reporting: We require the Mentee 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.

Program Overviews & Responsibilities: We will attempt to pair each Mentee with a Mentor from his/her own region, if available, based on desired consultation topics, provided herein. Each franchise system can apply for one Mentor-Mentee consulting partnership per 12 month period. Mentors are assigned on a first come first serve basis. There is no guarantee that a Mentor will be available.

A Mentor will be required to provide 12-15 hours of consulting via telephone and/or email within a 12 month period. In-person meetings may be arranged at the discretion of the Mentor and Mentee. Mentees will be required to reapply for the program if he/she wish to continue as a Mentee at the end of the consulting term.

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.

SIGNED: _____

DATED: _____