

# APB MENTORSHIP PROGRAM

## REGISTRATION FORM



© ASSOCIATION OF PROFESSIONAL BIOLOGY  
300-1095 MCKENZIE AVE, VICTORIA, BC V8P 2L5  
TEL 250.483.4283  
info@professionalbiology.com  
www.professionalbiology.com

**Please fill in this form and send to registrar@professionalbiology.com**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_

I am a member of the APB:  Yes  No

APB Membership Category:  Accredited  Affiliate-General  Affiliate-Student

I want to participate in the APB Mentorship Program as a:  Mentor  Protégé

Do you already have a protégé / mentor that you would like to be paired with?  Yes  No

If yes, please provide their name and email

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If no, please describe what you are looking for in a protégé / mentor

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Please attach a short description of your background and your expectations from the APB Mentorship Program (250 words).

## APB MENTORSHIP PROGRAM - VOLUNTEER LIABILITY RELEASE FORM

### Authorization, Release, and Waiver of Liability

In acknowledging the opportunity to enroll and participate in the British Columbia Association of Professional Biology (the "APB") Mentorship Program and in consideration of other goods and values are offered on a volunteer basis, the receipt and sufficiency of which are hereby acknowledged, I agree as follows:

1. I understand that a Protégé/Mentor pairing will be required through which mentoring activities will occur in accordance with the APB Mentorship Participant Handbook and these activities may include, but shall not be limited to discussions, leading, knowledge sharing, coaching, directing, and sharing of experience. Communication may be oral (face-to-face, by phone, or computer), written (e-mail or letter), or by sharing of video/audio or written materials.
2. I hereby release and forever discharge and hold harmless the APB and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may arise from the volunteer services I provide to the APB or through the mentor/protégé pairing relationship as described in the APB Mentorship Participant Handbook. I understand and acknowledge that this release discharges the APB from any liability or claim that I may have against the APB with respect to bodily injury, personal injury, property damage, losses, expenses or costs, or insult (including consequential damages and damages to third parties) that may result through my participation in this program or as a result of my use of information derived from my participation in the APB Mentorship Program. I participate in the Mentorship Program at my own risk.
3. I understand the Supervisor of the APB Mentorship Program, and/or Registrar, in whole or in part, maintain record of my activities, logbooks, or any other materials stored collectively under the electronic Mentorship Program directory or under print as submitted for meeting the requirements of the program, including a final log-book as record of completion.
4. I authorize the APB, its Board of Directors and all of its directors, officers, employees, agents and volunteers to use and disclose my name, photograph, likeness, and biography that I have supplied in connection to and in support of the APB Mentorship Program. I authorize the APB to obtain and hold copyrights in such materials and to edit such materials, or products in its sole discretion. I do not grant permission to resale or use the materials supplied to the APB in a manner that would exploit or cause malicious representation toward me. I understand and affirm that this authorization shall be considered consent to such uses by the APB under the provisions of British Columbia's statutes.

I the undersigned, am at least 18 years of age. I have read this VOLUNTEER LIABILITY RELEASE FORM and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Witness Printed Name