| Saskatchewan Association of Black Social Workers Membership Application Please complete this form and return it to : [info@sabsw.com](mailto:info@sabsw.com) or  [sabswmembership@gmail.com](mailto:sabswmembership@gmail.com) | | | | |
| --- | --- | --- | --- | --- |
| Basic Information | | | | |
| Name: | | | | |
| Preferred Email: | | | Preferred Phone: | |
| Current address/location: | | | | |
| Preferred pronouns: | | | : | |
| Membership status | | | | |
| Are you registered with SASW(Indicate Y/N) : | | | What type of membership do you have with SASW: | |
| Highest SW degree obtained (Indicate Y/N)BSW MSW PHD | | | | |
| Membership type with SABSW (please select one) SASW Registered Social Worker  SASW Registered student member  Associate student member  Associate nonregistered member | | | | |
| If you are student please indicate current level of study  BSW MSW PHD | | | | |
| Current area of Social Work practice | | |  | |
| Mentorship and Subcommittees | | | | |
| Are you interested in serving as a mentor for future/current social worker (**Indicate Y/N**) If yes, please complete the mentor application form below.  Are you looking for a Social Work Mentor? (Indicate Y/N) If yes, please complete the mentee application form below.  **Please select the SABSW subcommittee you would like to volunteer in (Indicate Y/N):**   1. Child and youth subcommittee 2. Social Committee 3. Anti-racism/Social Justice 4. Education and Social Justice committee 5. Health and wellness committee | | | | |
| Employer and Job title if you hold a SW degree (optional): | | | | |
| Do you do have a private practice? (optional) | | | **Do you want your name and contact (phone/email to be in the Members directory?)** (Indicate Y/N) | |
| Eligibility for Membership and mentorship  Membership and volunteering in subcommittees is open to all individuals who either hold a BSW, MSW, or Ph.D. in social work or are currently pursuing one of the above degrees and identify as being Black, people of African or Caribbean descent.  Mentors are members who have a Social Work degree and are required to demonstrate that they are currently working at the level of a practitioner. SABSW highly recommend that mentors register with Saskatchewan Association of Social Workers and or have private liability insurance. **Applicant signature:** Date: | | | | |
|  | | | | |
| SABSW Mentor Application | |  | | |
| Name: | | Preferred contact:  Location: | | |
| Current area of Social Work practice/field experience : | | Can you commit to meet with your mentee one time per month (Indicate Y/N) | | |
| Why do you want to be a mentor? | | | | |
| Do you have a gender preference for mentee (Indicate Y/N) ( if Y please specify) | | | | |
| Are you willing to be a mentor (via phone or zoom) | |  | | |
| Summarize any other expectations that you have of mentor/mentee relationship. | | | | |
| Mentors are members who have a Social Work degree and are required to demonstrate that they are currently working at the level of a practitioner. SABSW highly recommend that mentors register with Saskatchewan Association of Social Workers and or have private liability insurance. | | | | |
| APPLICANT SIGNATURE: DATE: | | | | |
| SABSW Mentee Application | | | | |
| Name: Preferred contact:  Location: | | | | |
| Are you a current student (indicate Y/N)  Or  Professional | | (If current student): What is SW program (BSW, MSW or PHD) which school do you attend? | | |
| List the areas of social work are you interested in | | Why do you want to have a mentor?  What are your goals for the relationship? | | |
|  | | | | |
| Can you commit to meeting with your mentor one time per month:  ( Y/N) | Do you have a gender preference for mentor (Indicate Y/N) ( if Y please specify) | | | Summarize any other expectations that you have of a mentor/mentee relationship. |
| Applicant signature: | | | | Date: |
| **Next Steps:**   1. Please send in your completed form to: sabswmembership@gmail.com 2. If your application form is approved the Membership/Mentorship coordinator Caluza Ndhlovu will send you a confirmation email 3. You will also receive any relevant material about the group from the communications officer: Welley | | | | |