| Saskatchewan Association of Black Social Workers Membership Application Please complete this form and return it to : info@sabsw.com or sabswmembership@gmail.com  |
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| 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 memberAssociate student memberAssociate 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
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| 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: |
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| 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
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