



ACMLA Mentor Program Application

I am requesting a mentor

I would like to be a mentor

Name (First Name /Last Name):

Affiliated Institution (if applicable):

Position Title (if applicable)

Program and degree program you are
currently enrolled in (if applicable)

Expected Year of Graduation (if
applicable)

E-mail Address:

Telephone Number:

My area of interests are:
(click as many that apply)

GIS Services in Libraries / Archives
Map and GIS Literacy and Instruction
Map Cataloguing
GIS Data Acquisition and Negotiation
Historical Maps
Map Archives
Marketing and Promotion
Metadata
GIS and Geospatial Data Support
Other

Please submit this form to the ACMLA Mentoring Program Coordinator, Rosa Orlandini,
rorlan@yorku.ca