

MENTEE APPLICATION FORM

FOREWORD: The purpose of this information form is to assist the Business Mentorship Program Coordinator in attempting to provide appropriate matches between Mentee and Mentor, as well as providing an overview to your Mentor.

Name: _____

Title: _____

Company Name: _____

Company Address: _____

Phone: Bus. _____ Res. _____ Cell. _____

Website: _____ Email: _____

Business Start Date: _____

How much time are you currently able to commit to your business?

How would you classify your business?

- | | |
|--|--|
| <input type="checkbox"/> Agri-Business | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Community Services |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Transportation/Distribution |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Communication |
| | <input type="checkbox"/> Mining |
|
 | |
| <input type="checkbox"/> Retail Trade | |
| <input type="checkbox"/> Business or Personal Services | |
| <input type="checkbox"/> Tourism/Leisure/Recreation | |
| <input type="checkbox"/> Financial/Insurance/Real Estate | |
| <input type="checkbox"/> Construction | |
| <input type="checkbox"/> Other Business Services _____ | |

Please describe the product or service offered by your business. (Attach brochures or a brief business biography, if available)

What are the three (3) most critical business issues you face in growing your business? Provide sufficient information to assist in finding a matching Mentor.

1. _____

2. _____

3. _____

Please state two objectives for your business that you hope to gain from the Business Mentorship Program:

1. _____

2. _____

What skills or knowledge do you hope to gain from your Mentor?

Please identify the type of person that best describes what you are looking for in a Mentor. Or, if you know of an individual you believe would be a good Mentor for you and your business, please identify (it's important to recognize that your preferred Mentor may not be available under the Business Mentorship Program):

TERMS & CONDITIONS:

I certify that the information provided by me in this application is true and complete.

Signed: _____

Dated: _____

The information contained in this application will be held in strict confidence by the Business Mentorship Program and the applicant's Mentor unless permission is otherwise obtained from the applicant.

Mail completed form to:

Business Mentorship Program
Tillsonburg District Chamber of Commerce
P.O. Box 113
Tillsonburg, ON N4G 4H3
Tel: (519) 688-3737

Appendix 3