

Mentee Application

Date of application: _____

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax Number: _____

Email: _____ Website: _____

Name of business: _____

Type of business: _____ Position title: _____

Business Address: _____

Have you even been convicted or involved in a criminal activity? _____

If "Yes", please explain:

Mentee Information

Why do you want to join this program? In what areas do you need the most help to move your business forward? Please detail your specific development needs and the objectives you are hoping to achieve.

What times can you meet with your mentor?

Do you have any hobbies or special skills?

What language(s) do you speak?

Please indicate whether the following are a strength (denote by “s”), an aspect of the business that you need help with (denote by “n”), an area that you are comfortable with that is not necessarily a strength or need (denote by “c”), or not applicable (denote by “NA”). This information will be one component considered in matching you with a business mentor.

- | | |
|--|---|
| <input type="checkbox"/> Business structure and organization | <input type="checkbox"/> Developing/Modifying a business plan |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Marketing, Advertising, Promotion |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Decision-Making |
| <input type="checkbox"/> Financial Management/Accounting | <input type="checkbox"/> Cost Control |
| <input type="checkbox"/> Human Resources (personnel and staffing issues) | <input type="checkbox"/> Business Expansion |
| <input type="checkbox"/> Legal Aspects | <input type="checkbox"/> Pricing |
| <input type="checkbox"/> Inventory Control: | <input type="checkbox"/> Management and Leadership |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

References

Business Reference

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Relationship: _____

Personal/Character Reference

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Relationship: _____

Please read carefully before signing:

The Mentorship Linkage Program offered by Community Futures East Interlake Inc. appreciates your interest in becoming a mentee. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a criminal records check.

(Signature)

(Date)