



Mentor Application

Date of application: _____

Name: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax Number: _____

Email: _____ Website: _____

Length of self employment or management experience: _____

Business name: _____ Position title: _____

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

If "Yes", please explain:

Mentoring Information

Why do you want to be a mentor?

What times can you meet with your mentee?

Do you have any previous experience volunteering or working in a mentorship role? If so, please describe your experience(s).

Do you have any hobbies or special skills?

Do you speak a language other than English? If yes, please list.

What are your areas of specialization?

- | | |
|--|--|
| <input type="checkbox"/> Inventory Control | <input type="checkbox"/> Personal Selling |
| <input type="checkbox"/> Planning and Organizing | <input type="checkbox"/> 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 | <input type="checkbox"/> Management Skills |
| <input type="checkbox"/> Legal Aspects | <input type="checkbox"/> Pricing |
| <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 mentor. 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)