



Request for Mentoring

Last Name: _____

First Name: _____

Telephone Number(s)

Home: _____

Work: _____

Cellular: _____

Fax: _____

Email: _____

Address: _____

City: _____

Postal Code: _____

Sex: Male Female

You are: Less than 35 years old More than 35 years old

Company Name _____	What type of business activity are you involved in? (if applicable)
Start-up date? _____	
Is your business located in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of employees (including yourself)? _____	
Website address: _____	
Is this your first venture? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Service
	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> Distribution
	<input type="checkbox"/> Export/Import
	<input type="checkbox"/> Retail
	<input type="checkbox"/> Hospitality
	<input type="checkbox"/> E-Commerce
	Other: _____

1. Describe your business in a few words (its main activities, products, customers, markets served)

2. Why do you want to be mentored?

3. What support would you require from a mentor?

How have you heard about the mentorship program? _____

Have you used other services? Yes No If yes, which ones? _____

Signature: _____

Date: _____

4. Please use the back of this form to let us know exactly what you expect to get out of this mentorship program.

Status: _____