



## THE B. SIDE: THE BUSINESS SIDE OF YOUTH

MENTOR APPLICATION

THANK YOU FOR YOUR INTEREST IN MENTORING A YOUNG ENTREPRENEUR WITH THE B. SIDE: THE BUSINESS SIDE OF YOUTH! PLEASE COMPLETE THIS APPLICATION.

**1. NAME**

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**2. ADDRESS:**

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**CITY:**

**STATE:**

**ZIP:**

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**3. TELEPHONE:**

**FAX:**

**CELL:**

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**4. E-MAIL ADDRESS:**

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**5. YOUR AGE GROUP:**

18-27

28-35

36-43

44-51

52-59

60+

**6. FORMAL QUALIFICATIONS:** (PLEASE LIST ANY AWARDS GAINED SUCH AS TRADE CERTIFICATES, DIPLOMAS, DEGREES, ETC.)

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**7. WORKPLACE QUALIFICATIONS:** (PLEASE LIST ANY TRAINING PROGRAMS/COURSES YOU HAVE UNDERTAKEN.)

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**8. BUSINESS AWARDS:** (PLEASE LIST ANY FORMAL RECOGNITION EITHER YOU OR YOUR BUSINESS HAS BEEN AWARDED)

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**9. HAVE YOU UNDERTAKEN BUSINESS TRAINING IN THE PAST?** (PLEASE LIST)

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**ABOUT YOUR BUSINESS**

**10. DO YOU CURRENTLY OWN/OPERATE A BUSINESS?**

YES                       NO

(IF NO, PLEASE GO TO QUESTION 13)

IF YES,

**TYPE OF BUSINESS:**

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**11. YEARS OF OPERATION:**

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**12. WHAT IS YOUR WORK ROLE?** (PLEASE DESCRIBE BRIEFLY YOUR MAJOR DUTIES AND RESPONSIBILITIES WITHIN THE BUSINESS.)

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**13. PREVIOUS EXPERIENCE IN BUSINESS:** (IF YOU DO NOT CURRENTLY OWN/OPERATE A BUSINESS, PLEASE LIST ALL PREVIOUS BUSINESS EXPERIENCE, THE ROLES YOU HELD WITHIN THE BUSINESS/BUSINESSES AND THE NUMBER OF YEARS OF EXPERIENCE IN BUSINESS).

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**ABOUT BEING A MENTOR**

**18. WHAT ARE YOUR REASONS FOR WANTING TO PARTICIPATE IN THIS PROGRAM?**

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**19. PREVIOUS MENTORING EXPERIENCE:** (PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE YOU HAVE EITHER AS A MENTOR OR BEING MENTORED.)

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**20. WHAT BUSINESS SKILLS DO YOU BELIEVE YOU WILL BRING TO THE MENTORING RELATIONSHIP?** (I.E. AREAS OF EXPERTISE)

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**21. WHAT OUTCOMES DO YOU EXPECT FROM A MENTORING RELATIONSHIP?**

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THIS INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

INFORMATION DISCLOSED IN THIS APPLICATION WILL BE UTILIZED BY THE B. SIDE STAFF ONLY.

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PRINT NAME

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DATE

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APPLICANT SIGNATURE

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DATE