



Patricia Area Community Endeavours  
A Community Futures Development Corporation



Mentorship Program Intake Form - MENTEE

**BUSINESS INFORMATION**

Business Name:			
Operating Name:			
Briefly describe your main business activity / services / Products:			
Owner / Contact person:			
Address:			
Phone:		Phone/Cell:	
Email:		Years of Business:	
Have you participated in a mentorship program previously? If yes, please provide details			
How did you hear about this program?			
When is the best time to contact you to discuss your participation in the Mentorship program as a Mentee?			

**About You**

Briefly outline your work experience including skill acquisition through part time / volunteer position

**Please rate your strength/confidence on the following areas of business from 0-10**

TOPIC	Your current comfort level
Business preparation – vision, mission, plan	
Business Planning– six months, one year, 5 years	
Finance – Budgeting Monthly, quarterly, etc.	
Finance – Goal setting, Fund sourcing	
The Books – Set up, Accounting, Reporting	
Human Resources – policies for self, employees	
IT	
Management – Skills, Leadership style	
Legal knowledge for your business	

Networking – speaking selling your story,	
Social Media Presence	
Marketing	
Coping Stress Strategies for Work/ Life Balance	
Other?	
<b>Based on the above exercise, what are your top three priorities for which you are requesting mentorship:</b>	
<b>Why do you think this program is a good opportunity for you?</b>	
<b>What are your business goals?</b>	
<b>Within the next 12 months...</b>	
<b>Within the next 3 years...</b>	
<b>How will you personally measure the success of the mentorship program?</b>	
<b>What is your availability for meetings? Do you have time constraints/limited availability to meet with your mentor?</b>	

**INFORMATION SHARING AND PRIVACY ACKNOWLEDGEMENT**

The Applicant acknowledges that, as the operation of the Corporation is financially supported by the Government of Canada, representatives of Industry Canada are permitted access to the files of the Corporation for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of Industry Canada and that, such information as is acquired by the Ministry will be treated as confidential.

The Applicant consents to his or her personal and business information being collected, used, retained, and disclosed by the Corporation for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by the Corporation and knows to refer to the Corporation's Privacy Policy or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information.

**Signatures**

**Applicant (Mentee):** \_\_\_\_\_ Date: \_\_\_\_\_

**Program Coordinator:** \_\_\_\_\_ Date: \_\_\_\_\_

**Executive Director:** \_\_\_\_\_ Date: \_\_\_\_\_