



Mentorship Program Intake Form - MENTOR

**Mentor Information**

Name \_\_\_\_\_

Business Name; Services/Products:

\_\_\_\_\_

Retired  Current Business Owner  Business Professional

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Additional Background Information you may wish to share:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. As a mentor are you willing to commit to the program for a 3-month duration?

Comment: \_\_\_\_\_

2. What areas of expertise are you most interested in sharing/developing with a new business owner?

le: Bookkeeping, Finance and Insurance, Digital and social media, Customer Service  
etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What area of industry did you gain your expertise?

Industry	Checkmark your industry history
Technology	
Retail	
Tourism	
Finance & Insurance	

Health Care	
Construction	
Agriculture	
Mining	
Administration and Business	
Food Service and Customer Service	

**4. Please rate your strength and knowledge on the following areas of business from 0-10**

<b>TOPIC</b>	<b>Your current comfort level Rating 0-10</b>
Business preparation – vision, mission, plan creation	
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	
Marketing	
Strategies for Work / Life Balance	
Other?	

**5. As a mentor would you say that you have a broad professional network of contacts that a mentee would benefit from being introduced to?**

**Comment:** \_\_\_\_\_

**6. As a mentor, what is your preferred method of communication with a mentee?**

**Comment:** \_\_\_\_\_

**7. Do you have time constraints or limited availability to meet with your mentee?**

**Please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. What days/times are convenient for a mentee to meet with you?-**

\_\_\_\_\_

**9. How did you hear about the Mentorship project?**

- social media  word of mouth  PACE website  other

*Please complete this fillable form, download, and save then email to [sandrao@pace-cf.on.ca](mailto:sandrao@pace-cf.on.ca)*

## 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 (Mentor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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