



Patricia Area Community Endeavours
A Community Futures Development Corporation



Mentorship Program Intake Form - MENTOR

Business Information

Business Name	
Main Business Activity/Services Products:	
Owner/Contact person:	
Address:	
Phone:	Phone 2:
Email:	Years in Business:
Additional Background Information you may wish to share:	
How did you hear about this program?	
When is the best time to contact you to discuss your participation as a Mentor in the PACE Mentorship Program?	

MENTOR

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

Please rate your strength/confidence on the following areas of business using a rating from 0-10	
TOPIC	Your current comfort level
Business preparation – vision, mission, plan	
Business Strategy 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?	

Do you have time constraints/limited availability to meet with your mentee?

Please describe:

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: