



**ENTERPRISE<sup>®</sup>**  
**INSTITUTE**

## Mentor Registration Form

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_ Miss \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: Home \_\_\_\_\_ Office \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Describe your education and business background.

How many years have you been in your profession? \_\_\_\_\_

Do you currently own and operate your own business? \_\_\_\_\_

Have you owned and operated your own business in the past? \_\_\_\_\_

In what industry sector(s) is your experience?

- |   |  |
|---|--|
| <input type="checkbox"/> Agriculture/Livestock          | <input type="checkbox"/> Communications/Publishing     |
| <input type="checkbox"/> Computers/Software             | <input type="checkbox"/> Education/Schools             |
| <input type="checkbox"/> Fine Arts                      | <input type="checkbox"/> Finance/Accounting/E-Commerce |
| <input type="checkbox"/> Health Care                    | <input type="checkbox"/> Import/Export                 |
| <input type="checkbox"/> Landscaping/Home Services      | <input type="checkbox"/> Leisure/Sports/Recreation     |
| <input type="checkbox"/> Management Services/Consulting | <input type="checkbox"/> Manufacturing                 |
| <input type="checkbox"/> New Media/Graphic Design       | <input type="checkbox"/> Non-Profit/Government         |
| <input type="checkbox"/> Restaurant/Food/Hospitality    | <input type="checkbox"/> Retail/General                |
| <input type="checkbox"/> Services/General               | <input type="checkbox"/> Telecommunications            |
| <input type="checkbox"/> Transportation                 | <input type="checkbox"/> Other: _____                  |

In which of the following business areas do you have expertise?

- |   |   |
|---|---|
| <input type="checkbox"/> Start-up   | <input type="checkbox"/> Finance                  |
| <input type="checkbox"/> Marketing  | <input type="checkbox"/> Management               |
| <input type="checkbox"/> Human Resources                                    | <input type="checkbox"/> Legal                    |
| <input type="checkbox"/> Leadership   | <input type="checkbox"/> Information Technologies |
| <input type="checkbox"/> International                                      | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Intellectual Property (Patent/Copyright/Trademark) |   |

How often are you able to meet face-to-face with the entrepreneur?

\_\_\_\_\_

Will you be able to communicate with the entrepreneur in between face-to-face meetings?

Yes                       No

If yes, are you available to communicate via:  Phone  Email  Mail

What, if any, time constraints should the Enterprise Institute be aware of?

\_\_\_\_\_

\_\_\_\_\_

Have you ever been a mentor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please describe any volunteer experience you have.

Have you ever had a mentor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what did you find helpful? What did you find challenging?

Why are you interested in becoming a mentor?

Please share any special interest or hobbies that will help us get to know you better.

Please provide the name and contact information of two references that we may contact.