

**GAINESVILLE AREA CHAMBER OF COMMERCE**  
**Small Business Council**  
**Business Mentoring Program**  
**Peer Mentor Application**

Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

(Last, First)

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Education/Certification: \_\_\_\_\_

Describe your position : \_\_\_\_\_

Describe your company: \_\_\_\_\_

Area(s) of Expertise:

Advertising/Marketing \_\_\_\_\_  
 Business Plan Development \_\_\_\_\_  
 Business Software \_\_\_\_\_  
 Computers & Networks \_\_\_\_\_  
 Contingency Plan \_\_\_\_\_  
 Financial \_\_\_\_\_

Government Relations i.e., codes, permitting, etc. \_\_\_\_\_  
 Human Resources \_\_\_\_\_  
 Management \_\_\_\_\_  
 Market Research \_\_\_\_\_  
 Site Location \_\_\_\_\_  
 Skilled Labor \_\_\_\_\_  
 Other \_\_\_\_\_

\_\_\_\_\_ I would like to mentor a start-up (0-2 years)

\_\_\_\_\_ I would like to mentor an emerging business (2-5 years)

\_\_\_\_\_ I would like to conduct a mentoring workshop for group session mentoring

1. I hereby agree to fulfill my responsibilities as a peer mentor to the best of my ability.
2. I hereby agree to keep anything divulged during a mentoring session in strictest confidence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A resume or other information may be attached. Please include all appropriate documentation and return completed form to the Small Business Advisory Council, Post Office Box 1187, Gainesville, FL 32602. Fax 352-334-7141. If you have questions, please call Tim Ledvina at (352)334-7105 x323 or email to tim@gainesvillechamber.com.*

**For office use only**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Contacted Mentor: \_\_\_\_\_ Date Mentoring Started: \_\_\_\_\_ Ended: \_\_\_\_\_