

GAINESVILLE AREA CHAMBER OF COMMERCE
Small Business Council
Business Mentoring Program
Request for Mentor – Confidential Application

Name (Please Print): _____

Name of Company: _____

Describe Your Business: _____

How long in business? _____

Are you currently in business? _____ If yes, is it a Home -Based Business? _____

Business Address: _____

Business Phone: _____ Fax: _____ Cell Phone: _____

E-mail Address: _____

In what area(s) do you need assistance to help your business grow and/or expand?

- | | |
|---------------------------------|--|
| Advertising/Marketing _____ | Government Relations i.e., codes, permitting, etc. _____ |
| Business Plan Development _____ | Human Resources _____ |
| Business Software _____ | Management _____ |
| Computers & Networks _____ | Market Research _____ |
| Contingency Plan _____ | Site Location _____ |
| Financial _____ | Skilled Labor _____ |
| | Other _____ |

Please elaborate regarding the assistance you are seeking.

Indicate preferred date and time for appointment: _____

I agree to remain in the mentoring program after I have completed the protégé program. I am willing to assist as either a mentor or a mentor's assistant in the program. I understand that information divulged in the session is in the strictest confidence.

Signature: _____ Date: _____

Please return completed form to Small Business Advisory Council, P.O. Box 1187, Gainesville, Florida 32602 or send to Fax: 352-334-7141. If you have questions, please call Tim Le dvina at 352-334-7105 x 323 or e-mail tim@gainesvillechamber.com

For office use only

Mentor Referred: _____ Phone: _____ Fax: _____

Date Contacted Mentor: _____ Date Mentoring Started: _____ Ended: _____