



Name: _____ **Date:** _____

Email: _____ **Phone Number:** _____

Job Title: _____ **Employer/Biz Name:** _____

Employer/Biz City: _____ **Home City:** _____

Mentoring Type: Small Group
 1-1 (**please be advised this is for established, revenue generating business only)

Entrepreneurial/Professional experience (including years in business)? _____

Why are you seeking a mentor? What challenges do you currently face as an entrepreneur?

What do you hope to gain from this program? _____

Please describe yourself in 3 words. _____

Areas of Need:

- | | |
|--|---|
| <input type="checkbox"/> Accessing Capital | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Accounting/ Financial Analysis | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Branding | <input type="checkbox"/> Social Media/ Web design |
| <input type="checkbox"/> Business Plan Development | <input type="checkbox"/> Strategy |
| <input type="checkbox"/> Business Growth – expansion/ hiring | <input type="checkbox"/> Other _____ |

Please attach Resume and / or Bio with this form.

I agree to participate in the WBDC Mentorship program. I agree to the time commitments of the program and agree to cancel all meetings with at least 24 hours notice. I understand that all mentoring received is from the perspective of a mentor and any business decisions I make from counseling given are my own and not on the advice of my mentor or the WBDC.

Signature: _____