

PACE BDC

APPLICATION FOR THE MENTORING PROGRAM

BUSINESS CONTACT INFORMATION

Title		Date business commenced	DATE:
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Company address			
City, ZIP Code			
Website address			

Industry of Business		Did you attend a PACE workshop?	DATE:
How long at current address?		PACE Business Counselor name?	
Phone		Referral by who?	
Fax		Number of Employees	
E-mail		Type of Business	
		Total Annual Revenue	

PERSONAL INFORMATION

Your name		Phone	
Address		Fax	
City, ZIP Code		E-mail	

DESCRIBE THE FOLLOWING

NAME THREE COMPETITORS		YOUR THREE BIGGEST CHALLENGES	
YOUR THREE GREATEST STRENGTHS		THREE GOALS FOR NEXT 6 MONTHS	

AGREEMENT

1. I agree to a minimum of a 6 months mentoring program.
2. I agree to keep my mentor informed as to changes in the business or goals.
3. By submitting this application, you authorize PACE BDC to assign a mentor: PACE BDC and/or its' mentors do not guarantee or promise business success and there is no implied success as a result of mentoring; all actions positively or negatively associated with mentoring will be the sole responsibility of the person or business being mentored. The mentee or business hold PACE BDC, its personnel and mentors harmless from all lawsuits or causes of action resulting from the actions of the mentee or business.

SIGNATURES

Mentee Signature		Mentor Signature	
Name and Title		Name	
Date		Date	