



## Mentor Application



1. Name: \_\_\_\_\_

2. Name of Business: \_\_\_\_\_

Business Type (Industry): \_\_\_\_\_

3. Business Address: \_\_\_\_\_

4. Business Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Number of years you have been a CEO: \_\_\_\_\_

6. Number of employees in your business: \_\_\_\_\_

7. Please list three reasons you wish to mentor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What type of person or entrepreneur would you want to mentor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The expectations of this program are that: (1) any information that you learn about the mentee will remain in absolute confidence, and (2) you are willing to meet at least once a month with the mentee.

***I agree with the aforementioned section 9.*** \_\_\_\_\_

Signature

**AFTER COMPLETING APPLICATION PLEASE FAX TO (850)644-5950**

**This Mentor Program is sponsored by the Greater Tallahassee Chamber of Commerce  
and the Jim Moran Institute for Global Entrepreneurship**

*For more information contact Jerry Osteryoung, Jim Moran Institute for Global Entrepreneurship,  
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