



The Plymouth Area  
**CHAMBER OF COMMERCE**

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## Member-To-Member Mentoring Program Mentor Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*(please provide your preferred contact phone number with area code)*

Street Address 1 \_\_\_\_\_ Street Address 2 \_\_\_\_\_

City \*State \*Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Position \_\_\_\_\_

### What is your business field?

- Accounting
- Retail
- Finance
- IT
- Marketing/Sales
- Management/Operations
- Restaurant
- Hospitality
- Other (please list): \_\_\_\_\_

### Key areas for mentoring. Please check off your areas of expertise

- Professional/Skill development: communication, leadership, stress management, etc.  
Specify topic: \_\_\_\_\_
- Human Resource Staff Development: recruitment, selection, retention of staff  
Specify topic:: \_\_\_\_\_
- Entrepreneurship: launching your own business  
Specify topic: \_\_\_\_\_
- Strategic Business Development: strategic planning, budget projections, marketing, sales, outreach, etc.  
Specify topic: \_\_\_\_\_
- Other: \_\_\_\_\_

List any hobbies or interests: \_\_\_\_\_

How many years of experience do you have in your area of expertise? Please list your experiences and accomplishments within your related field. (If you would like to attach a resume that would be greatly appreciated, but not necessary.) \_\_\_\_\_

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