



The Plymouth Area  
CHAMBER OF COMMERCE  
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# Member-To-Member Mentoring Program

## Mentee 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 would you like?**

- 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: \_\_\_\_\_

**Does your employer know you are participating in this program or are you self-employed?**

\_\_\_\_\_

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

**Statement of interest in the program:** Include a brief description of your long-term professional goals. What are the areas where you feel you would like to be mentored in and why? \_\_\_\_\_

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