



## The B. Side: The Business Side of Youth Mentor application

Thank you for your interest in mentoring a young entrepreneur with The B. Side: The business side of youth! Please complete this application.

**1. NAME:**

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**2. ADDRESS:**

**CITY:**

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**STATE:**

**ZIP:**

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**3. TELEPHONE:**

**FAX:**

**CELL:**

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**4. E-MAIL ADDRESS:**

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**5. YOUR AGE GROUP:**

18-27

28-35

36-43

44-51

52-59

60+

**6. FORMAL QUALIFICATIONS:** (Please list any awards gained such as Trade Certificates, Diplomas, Degrees, etc.)

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**7. WORKPLACE QUALIFICATIONS:** (Please list any training programs/courses you have undertaken.)

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**8. BUSINESS AWARDS:** (Please list any formal recognition either you or your business has been awarded)

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**9. HAVE YOU UNDERTAKEN BUSINESS TRAINING IN THE PAST?** (please list)

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**ABOUT YOUR BUSINESS**

**10. DO YOU CURRENTLY OWN/OPERATE A BUSINESS?**

Yes

No (If no, please go to question 13)

**IF YES,**

**TYPE OF BUSINESS:**

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**11. YEARS OF OPERATION:**

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**12. WHAT IS YOUR WORK ROLE?** (Please describe briefly your major duties and responsibilities within the business.)

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**13. PREVIOUS EXPERIENCE IN BUSINESS:** (If you do not currently own/operate a business, please list all previous business experience, the roles you held within the business/businesses and the number of years of experience in business).

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**ABOUT BEING A MENTOR**

**18. WHAT ARE YOUR REASONS FOR WANTING TO PARTICIPATE IN THIS PROGRAM?**

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**19. PREVIOUS MENTORING EXPERIENCE:** (Please describe any previous experience you have either as a Mentor or being mentored.)

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**20. WHAT BUSINESS SKILLS DO YOU BELIEVE YOU WILL BRING TO THE MENTORING RELATIONSHIP?** (i.e. areas of expertise)

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**21. WHAT OUTCOMES DO YOU EXPECT FROM A MENTORING RELATIONSHIP?**

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This information is true to the best of my knowledge. Information disclosed in this application will be utilized by The B. Side staff only.

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Print Name

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Date

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Applicant Signature

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date