



MENTORING
EMERALD COAST
• AN INITIATIVE OF THE WALTON AREA CHAMBER •

Mentor Application Form

Name:	
Title:	
Name of Business:	
Type of Business:	
Business Address:	
Business Phone:	Cell Phone:
Fax:	E-Mail:
Website:	

1. Please list your community involvements, professional associations, and personal interests.

2. Please list your three greatest accomplishments (professional, community or otherwise) in the last ten (10) years.

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3. What is the biggest accomplishment in your career?

4. What are your top three(3) strengths

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5. Have you mentored previously in a structured mentoring environment? What was your experience?

mentee. Your mentee and you may agree to a larger time commitment. How will you assure us of making such a commitment?

11. What specific goal(s) do you have for your mentoring process?

12. Please indicate whether the following areas are a strength (denote by "S"), an area you need help with (denote with "N"), an area that you are comfortable with that is not necessarily a strength or a need (denote by "C"), or not applicable (denote by "NA"). This information will be one component considered in matching you with a business mentee.

	Marketing & Advertising		Operations & Production
	Accounting/Finance		Management/Leadership
	Talent Management		Business Growth/Sales
	Business Planning		Strategic Planning
	Inventory Management		Product Development
	Organizational Design		Quality Control
	Customer Relations		Peer Relations
	Staff Relations		Team Building
	Other:		

13. Please indicate all locations acceptable for meeting with your mentor:

	Destin		Niceville		Ft. Walton Beach		Santa Rosa Beach
	Freeport		Defuniak Springs		All		Other

14. Please attach your resume or bio along with your picture.

I authorize the verification of all statements contained herein and the references listed above to give you any personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date