

Applications are due Monday, July 12th.

GUIDELINES

- ◆ Veteran business owner, CEO, President or top level executive
- ◆ Desire and ability to serve as a mentor for a CEO in Kansas City metro area
- ◆ Actively participate in mentoring relationship and attend HEMP events
- ◆ Willing to openly share business knowledge - both successes and failures
- ◆ Willing to attend 50% of HEMP events

2010 MENTOR INFORMATION FORM

Name: _____

Title: _____

Name of Business: _____

Type of Business: _____

Business Address:

Street _____ City _____ State _____ Zip _____

Website, if any: _____

Business Phone: _____ FAX: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ E-mail: _____

How did you hear about Helzberg Mentoring? _____

HELZBERG ENTREPRENEURIAL MENTORING PROGRAM

2000 Baltimore Avenue, Suite 200 – Kansas City, MO 64108

***Questions about the program should be directed to
Christina Friederichs at 816-471-HEMP (4367) or christina@helzbergmentoring.org.***

(Please feel free to add additional businesses and information on a separate sheet)

Number of Years in Business: _____

Business Size - Number of Employees: Full Time _____ Part Time _____ Contractors _____

Annual volume of business based on last fiscal year: \$ _____ Year _____

Do you have / have you worked with a Board of Directors? Yes No

Do you have / have you worked with an Advisory Board? Yes No

Why are you interested in becoming a Mentor? *(May be answered on separate page)*

Describe your Mentors. How have they helped you? *(May be answered on separate page)*

Describe any previous experience mentoring experience you have. *(May be answered on separate page)*

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What competencies and skills do you have that are valuable in a mentoring relationship? *(May be answered on separate page)*

What do you feel is the most important skill or experience you have to offer another business owner? *(May be answered on separate page)*

Please indicate whether the following are a strength (denote by "S"), an aspect of the business that you cannot help with (denote by "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 mentor.

- | | |
|--|--------------------------------------|
| _____ Marketing and Advertising | _____ Operations and Production |
| _____ Accounting and Financial Management | _____ Management and Leadership |
| _____ Personnel and Staffing Issues | _____ Business Expansion |
| _____ Developing/Modifying a Business Plan | _____ Strategic Planning |
| _____ Managing Inventory | _____ Other aspects (please specify) |

What are the three greatest mistakes you made in your business and what did you learn from your mistakes? *(May be answered on separate page)*

1) _____

2) _____

3) _____

"Lessons Learned": _____

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What do you consider the largest success in your business career and how has this changed the way that you lead a company? *(May be answered on separate page)*

As a leader of a business, what have been your greatest strengths in moving the business forward?
(May be answered on separate page)

Why would you like to be involved with an organization such as HEMP? *(May be answered on separate page)*

SIGNATURE

I understand that as a Mentor I am volunteering time to help advance area entrepreneurial leaders. It is the sole discretion of my assigned mentee and/or other HEMP program participants, mentors, mentees, administrators or Board members to take or not take any advice that I may give and I may not hold them responsible for the success or failure of any items or ideas which we discuss. I further understand that HEMP reserves all rights to terminate my participation in the HEMP program at any time, and that I have no legal or equitable right to remain in the HEMP program if my participation is terminated by HEMP at any time. Similarly, I understand that I can terminate my participation in HEMP at any time.

All information submitted on or with this information form is true, complete and valid to the best of my knowledge and belief.

Signed

Date

Print Name

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BUSINESS REFERENCES WORKSHEET

(Please list three references that have known you in business.)

Business Reference	Contact Information
Business: _____ Contact Name: _____	Phone: _____ Email: _____
Business Reference	Contact Information
Business: _____ Contact Name: _____	Phone: _____ Email: _____
Business Reference	Contact Information
Business: _____ Contact Name: _____	Phone: _____ Email: _____

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INFORMATION FORM CHECKLIST

Please provide the following and **TEN copies** of each:

- Completed 2010 Mentor Information Form
- Personal biography (may also include a resume if desired)
- Three references that have known you in business. Include company name, contact name, address, telephone, and fax numbers. (See suggested worksheet.)
- Description of your business, if applicable, including:
 - what your company does
 - your role in the business
 - distinguishing factors making your business unique in the industry
 - any awards or recognition received
 - any other pertinent information about your company (if submitting marketing materials, one copy of those materials is sufficient)
- Cover letter describing any past or current mentor or mentee relationships, why you are interested in participating in the Helzberg Entrepreneurial Mentoring Program, and what you hope to gain from participating in a matched mentoring program.
- Two release forms (Release of Information Authorization, Release of Application Information) provided with information form
- Digital Photograph - **VOLUNTARY WITH THIS FORM** – Send to Christina at christina@helzbergmentoring.org. (Digital Photograph will be required upon acceptance into the program.)
- Completed Human Factors in 4 Dimensions (HF4D) profile provided with information form