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## Mentee Application- Non-Construction

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Been in Business for \_\_\_\_\_ years Nature of Business/Trade: \_\_\_\_\_

Interested in:  Being Mentored  Teaming/Strategic Alliance

Areas of Interest for Mentorship:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Management                       | <input type="checkbox"/> Marketing         |
| <input type="checkbox"/> Payroll             | <input type="checkbox"/> Hiring/Staffing/Human Resources  | <input type="checkbox"/> Estimating        |
| <input type="checkbox"/> Purchasing          | <input type="checkbox"/> Financial Management             | <input type="checkbox"/> Technology        |
| <input type="checkbox"/> Business Planning   | <input type="checkbox"/> Plan Reading/Bidding             | <input type="checkbox"/> Bonding/Insurance |
| <input type="checkbox"/> Construction Trades | <input type="checkbox"/> Other area not identified: _____ |  |

Organizational Structure:  Sole Proprietor  Partnership  Corporation  Limited Liability Corporation (LLC)

*I agree to commit to the program for a period of time, as mutually agreed upon by the Small Business Procurement Program, the Mentor and my company, in the provision of mentoring assistance being provided to my company. I agree to hold harmless, the City of Gainesville, any of its employees, officers, agents, representatives or affiliates, with regard to this mentoring initiative.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_