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## Volunteer/Mentor Application

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Thank you for your interest in becoming a mentor with MAC. To ensure the best possible match, please complete the form below.

a. Date:

1. Name:

2.: Current Employer:

3. Job Description:

4. Address:

5.City/State/Zip:

6. Daytime Phone:

7. Home Phone:

8. Email:

9. If you own or have owned your own business, please provide the following information:

a. Business Name:

a. Industry or type of business:

b. Years in Business:

c. Number of full-time employees:

d. Number of part-time employees:

e. Number of sub-contractors:

f. Range of Gross Annual Revenue: \$50,000-100,000 \$100-150,000 \$150-\$200,000 \$200,000+

10. Check your areas of expertise given your years of experience

\_\_\_\_\_ Operations (mission, products, services, human resources, policies & procedures, strategic planning)

\_\_\_\_\_ Marketing (plan & budget)

\_\_\_\_\_ Market Analysis (industry, target market, competition)

\_\_\_\_\_ Financials

\_\_\_\_\_ Legal

\_\_\_\_\_ General advisor

\_\_\_\_\_ Other (please describe):

11. List your experience in the different industries; detailing years of experience.

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Industry

Company

Years of experience

Position

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Industry

Company

Years of experience

Position

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Industry

Company

Years of experience

Position

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Industry

Company

Years of experience

Position

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12. Teaching, coaching or mentoring programs that you have been involved with in the past three years.

a.

b.

c.

13. How did you hear about or who referred you to the MAC Volunteer/Mentor Program

14. I would like to volunteer with MAC in the following capacity:

\_\_\_ Professional Mentor

\_\_\_ Business Counselor: needs assessments (includes database management- training will be provided)

\_\_\_ Professional Trainer: workshop presenter or panelist

\_\_\_ Marketing including outreach for MAC programs and services

\_\_\_ Other area of interest:

15. Other comments that would help us assess your availability or match you with the best opportunity:

16. Please include two business references with contact information that reflect your area(s) of expertise and that we may contact.

**Reference # 1.**

Name:

Phone:

Email:

How did you meet this person?

**Reference # 2.**

Name:

Phone:

Email:

How did you meet this person?

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Please e-mail completed form to Lillian Perez at [lperez@mac-sa.org](mailto:lperez@mac-sa.org)  
or fax to 520.622.2235.

Questions: Call MAC at 520-620-1241