



Volunteer/Mentor Application

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 giving 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. All industries that you have experience working in and years of experience

Industry

Company

Years of experience

Position

Industry

Company

Years of experience

Position

Industry

Company

Years of experience

Position

Industry

Company

Years of experience

Position

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?

Please e-mail completed form to Lillian Perez at lperez@mac-sa.org
or fax to 520.622.2235.

Questions: Call MAC at 520-620-1241