



Mentor Application

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

1. Name:
2. Business Name:
3. Address:
4. Daytime Phone:
5. Home Phone:
6. Email:
7. Business or Job Description:

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

9. Check your areas of expertise
 Operations (mission, products, services, human resources, policies & procedures, strategic planning)
 Marketing (plan & budget)
 Market Analysis (industry, target market, competition)
 Financials
 Legal
 General Advisor for which specific industry: _____

10. I would like to volunteer with MAC in the following capacity:
 Mentor
 Business Coach to clients in Business Planning Course
 Workshop presenter or panelist
 Other area of interest:

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

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