

NYS Small Business Mentoring & Counseling Network

Application for Business Professional (Mentor)

[1] Name:	[2] Title:
[3] Company(s):	
[4] Address:	
[5] Telephone:	[6] Cell:
[7] Email:	[8] Fax:
[9] Please indicate languages spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (fill in):	
[10] Please check mark the categories that best define your industry experience: <input type="checkbox"/> Agriculture, Forestry & Fishing <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Hospitality (lodging) & Restaurants <input type="checkbox"/> Transportation <input type="checkbox"/> Communications & Info Technology <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Education <input type="checkbox"/> Government <input type="checkbox"/> Property & Business Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Cultural & Recreational Services <input type="checkbox"/> Healthy & Community Services <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other (fill in)	
[11] Please describe your industry experience: 	
[12] Years of Management Experience:	[13] Years of Ownership Experience:
[14] Mentoring Skills (Check all that apply): <input type="checkbox"/> Strategic/Business Planning <input type="checkbox"/> Human Resources/Staffing <input type="checkbox"/> Finance & Accounting <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> IT & Communications <input type="checkbox"/> Sourcing/Process Management <input type="checkbox"/> Import/Export <input type="checkbox"/> Legal/Compliance <input type="checkbox"/> Fundraising <input type="checkbox"/> Real Estate/Leasing <input type="checkbox"/> Public Relations <input type="checkbox"/> Licensing/ Government Contracting <input type="checkbox"/> Architecture/ Engineering <input type="checkbox"/> Other (fill in):	
[15] Are there specific types of business that you are interested in mentoring?	
[16] Have you ever participated in a formal business mentorship program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
[17] How many hours of mentorship support can you _____Hrs provide? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	[18] Please describe generally when you would like to mentor (i.e. weekdays, weekends, mornings, afternoons, evenings):
[19] What is your preferred method of contact for a mentoring session (check all that apply)? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Face to Face	

Optional Information	
[20] Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
[21] Race:	<input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Asian/Indian <input type="checkbox"/> Non-Minority
[22] How did you hear about this program?	
<p>[23] Enrollment Agreement & Certification:</p> <p>In connection with the services being provided, the New York State Urban Development Corporation d/b/a Empire State Development (“ESD”), the Housing Trust Fund Corporation (“HTFC”), and the New York State Small Business Development Center Network (“SBDC”), and their respective employees, directors, agents, successors or assigns, jointly and/or individually, expressly disclaim any warranties of any kind, whether express or implied, including but not limited to, the implied warranties of title, merchantability, fitness for a particular purpose and non-infringement.</p> <p>You expressly understand and agree that ESD, HTFC, SBDC, and their respective employees, directors, agents, successors or assigns, jointly and/or individually shall not be liable to you for any direct, punitive, indirect, incidental, special, consequential or exemplary damages, costs, losses or expenses in connection with the Program, and are hereby released and discharged from any liability thereunder.</p> <p>You agree to indemnify and hold ESD, HTFC, SBDC, and their respective employees, directors, agents, successors or assigns harmless from any loss, liability, claim or demand, including reasonable attorneys’ fees, made by any third party in connection with the Program.</p> <p>The undersigned certifies the above information is true and correct. If the company is a licensed business in New York State or another State, I certify that the business is in good standing, as of the date hereof.</p>	
[24] Name in Print	
[25] Signature	[26] Date

Please include the following:

- Resume (including, professional experience, education and relevant certifications/accreditations)
- Additional information you’d like to share (optional).

Please submit your application by email to bhoward@esd.ny.gov. If you have any questions regarding your application, please contact Ben Howard-Cooper at (212) 803-3258.