



Canton Chamber of Commerce ~ Member Benefits MENTOR/PROTÉGÉ PROGRAM

APPLICATION FORM FOR MENTOR

Name: _____ Job Title: _____

Organization _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____

I prefer to be contacted at work: _____ Best Time: _____ at home: _____ Best Time _____

Type of Organization: _____

Brief Description of Job Responsibilities: _____

Areas of Expertise: _____

Educational Background. Please include school and area of study. _____

Major: _____ College/University _____

Hobbies/Personal & Professional Interests: _____

What are your expectations of this program? _____

Any special requests for the Protégé we partner you with? _____

Are there any conflicts of interest in participating in this program? _____

Is there a particular profession or individual that would be in conflict with your profession and would like to avoid that pairing? _____

Submission of Application into the program does not indicate acceptance. You will be notified whether or not you were accepted into the Mentor/Protégé Program on or around the deadline date.

**If you have any questions, feel free to contact the chamber office 734.453.4040
Please fax completed form to 734.453.4503**

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Phone: 734.453.4040 ♦ www.cantonchamber.com