

Tourism Business Mentorship Program

MENTOR APPLICATION FORM

Please fax, mail or email the completed application form to:

Tourism Business Mentorship Program
Tourism and Parks
Industry, Tourism and Investment,
Government of the Northwest Territories
Box 1320 YELLOWKNIFE NT X1A 2L9
Fax (867) 873-0163 Email: parksandtourism@gov.nt.ca

1. About You

Name of the Mentor		Legal Business Name
Operating Name		Business Number
Business Address		
Town/City		Postal Code
Phone (business)	Phone (mobile)	Fax
Email address		

2. What age group do you fall into?

☐ 18-30 ☐ 31-40 ☐ 41-50 ☐ 50+

3. Indicate any degrees, diplomas, trade certificates that you have.

4. Indicate any business training courses or programs that you have undertaken.

5. Do you belong to any professional organizations? If so, please list them.

6. What size of business do you have experience managing?

☐ Micro (1-4 employees) ☐ Small (5 – 99 employees) ☐ Medium (100 – 499 employees) ☐ Large (500+ employees)

7. Outline your business experience, paying special attention to businesses you have owned or partly owned over the years.

8. Indicate the industry that best describes your business.

<input type="checkbox"/> Tourism	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Health	<input type="checkbox"/> Information Technology
<input type="checkbox"/> Finance/Insurance	<input type="checkbox"/> Retail	<input type="checkbox"/> Other
<input type="checkbox"/> Service	<input type="checkbox"/> Wholesaling	

9. If you operate in the hospitality and tourism industry, please indicate the sector.

<input type="checkbox"/> Accommodation	<input type="checkbox"/> Attractions	<input type="checkbox"/> Tourism Services
<input type="checkbox"/> Outfitting	<input type="checkbox"/> Events and Conferences	<input type="checkbox"/> Transportation
<input type="checkbox"/> Adventure Tourism and Recreation	<input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Travel Trade

10. Please indicate the type of business structure you are operating in.

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company		
Number of Directors	Years of operation	Is your business home based? <input type="checkbox"/> YES <input type="checkbox"/> NO
Names of Directors		What is your role in the business?

Describe your business

11. Indicate your last three business roles and experience. Please do not include your current business role.

Business:	
Role:	
Experience:	
Business:	
Role:	
Experience:	
Business:	
Role:	
Experience:	

12. If you are not currently in business or retired, what was the last year you were in business and reasons (if any) for retiring or leaving?

13. Why are you interested in becoming a mentor? Why would you like to be considered as a mentor?

14. Do you understand the nature of the mentor/mentee relationship? Please explain to us your perception of this relationship.

15. Do you have previous experience as a mentor? Please detail the experience.

16. In which of the program priority areas are you willing to mentor?

- | | |
|--|--|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Financial Management |
| <input type="checkbox"/> Product Development | <input type="checkbox"/> Human Resource Management |
| <input type="checkbox"/> Product Packaging and Pricing | <input type="checkbox"/> Technology and Business |
| <input type="checkbox"/> Business Planning | <input type="checkbox"/> Business Performance Management |

17. Please provide answers to the following questions.

Are you able and willing to meet with mentees on a regular basis?

☐ YES ☐ NO

Have you ever been bankrupt or declared bankrupt?

☐ YES ☐ NO

Are you flexible with the times you can be available to meet mentees?

☐ YES ☐ NO

Has any organization you have owned or managed been subject to a debt lawsuit?

☐ YES ☐ NO

18. Most mentees are owner/operators of micro/small businesses. Do you have an appreciation for the contextual differences between large and small businesses? Please elaborate.

19. Please use this space to let us know anything else you feel is relevant as we consider your application. It may also be the case that your business experience spans multiple businesses and is not adequately captured by this questionnaire. If so, then please explain in the space below.

20. Please attach a copy of your resume, including the names and contact information for three references – either clients or partners.