

Volunteer Mentor Participation Form

Name: _____

Current Employer or Business: _____

Title: _____

Work Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

E-mail Address: _____

Web-site Address: _____

Type of Industry: _____

Business Size by Annual Revenue: Up to \$500,000 \$500,000 to \$1 million
 \$1 to \$10 million \$10 million plus

Other Industries in which you have experience working and years of experience:

Industries	Years of Experience	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you self-employed? Yes No

Areas of Expertise, Years of Experience (i.e. Marketing, PR, HR, Accounting, Legal):

Area	Years of Experience
Primary: _____	_____
Secondary: _____	_____
Tertiary: _____	_____

Private or non-profit boards on which you now serve or have served previously:

_____	Now	Previously
_____	Now	Previously
_____	Now	Previously
_____	Now	Previously

Current organizations of which you are a member:

Teaching, coaching or mentoring programs which you have been involved with in the past:

How many hours per quarter are you able to volunteer? _____

How did you hear about or who referred you to the Jacksonville Women's Business Center?

Describe anything else about your education, business or volunteer experience you think is important.

Do you know of someone else who might be interested in volunteering as a mentor? Include name, company, business phone and email address.

**Please email a copy of your resume or bio
Please submit electronically or email to jwbc@myjaxchamber.com**

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