



MENTOR APPLICATION

Please attach a current resume to this application.

Email all complete applications and documents to connect@zerotofive.org

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|----------------|---------|--------------|
| Name: | Email: | Affiliation: |
| Address: | Phone: | |
| City/Zip Code: | County: | |

1.Describe your background in small business start-up and operations.

2.Describe your background in or experience with licensed/registered child care or early childhood services.

3.What skills and strengths do you believe you can offer as a mentor to a child care business?

4.Discuss your approach to giving and receiving feedback.

5.Commitments:

- Can you commit 4-5 hours per month for a 12-month period to working with your protégé?
- Can you attend the Live Kickoff in-person in Billings, the first week of May?
- Are you willing to participate in training to become familiar with our Mentorship Program?