



The Hook Mentorship Program Mentor Application

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Street Address: _____

City, State, Zip: _____

Business Name: _____

Position/Title: _____

Is your business a Spearfish Area Chamber of Commerce Member?

- Yes
- No

Please check which business field you fall under:

- Accounting
- Finance
- Management/Operations
- Information Technology (IT)
- Marketing/Sales
- Retail/Restaurant/Hospitality
- Other - please specify: _____

Please check which areas of expertise you possess:

- Professional Development - leadership, time management, etc.
- Business Development - strategic planning, budgeting, marketing, etc.
- Entrepreneurship - starting a business
- Other - please specify: _____

Does your employer know you are participating in this program or are you self-employed?

Please list any personal hobbies or interests:

Please include a brief statement of interest in The Hook Mentorship Program by describing what you expect to contribute to your mentee and how you expect to grow from the experience.

How many years of experience do you have in your area of expertise?
Please list your experiences and accomplishments within your field.
(You may attach a resume, if preferred.)

Please return applications to Chloe Anderson at Marketing@SpearfishChamber.org or to the Spearfish Area Chamber of Commerce at 106 W. Kansas St., Spearfish, SD 57783 by September 2023.