



The Hook Mentorship Program Mentee 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 key areas of mentoring you would like:

- 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 your long-term professional goals and how you expect this program to help you reach them.

Please explain what areas you feel you would like to be mentored in most and why:

Please return applications to Mandy Schroeder at Marketing@SpearfishChamber.org or to the Spearfish Area Chamber of Commerce at 106 W. Kansas St., Spearfish, SD 57783 by September 2024.