



## 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 Mandy Schroeder at [Marketing@SpearfishChamber.org](mailto:Marketing@SpearfishChamber.org) or to the Spearfish Area Chamber of Commerce at 106 W. Kansas St., Spearfish, SD 57783 by September 2024.