



Montgomery County Association of Business Women

Application for Mentoring by the Peers Offering Women Engaging Relationships TEAM

Our POWER mentoring team is designed to help MCABW members achieve their businesses goals. The \$25.00 application fee will begin your experience through the program and is a donation to our foundation.

Our POWER team members have been chosen for their professional business expertise and will help guide you through concerns you may have such as managing employees, networking, marketing, social media, financial and tax information and stress management.

You will receive an e-mail with your personal mentor's contact information upon receipt of your application and fee. From that point forward, you will be responsible for contacting each mentor and setting up your one-to-one meetings.

Name: _____ Company: _____

Position/Title: _____ Email: _____

Address: _____ Circle one: New Member Existing Member

Business Phone: _____ Home Phone: _____ Fax: _____

1. What's your primary objective in signing up for this mentoring program? (Select all that apply)

a. Learn how to better network	e. Managing employees
b. Generate sales leads	f. Business financials (employee benefits, investments, etc.)
c. Strategic marketing	g. Tax strategies
d. Social media development and implementation	h. Stress management
2. Thinking of your primary objective indicated above, how important is it to you that you achieve your primary objective? (Select one)

a. Not very important	d. Important
b. Not important	e. Very Important
c. Neither important nor unimportant	
3. Again, thinking of your primary objective, select the statement that BEST describes you. (Select one)
 - a. I've attempted this objective on my own, & failed. I'm very frustrated.
 - b. I've attempted this objective on my own, & failed. I'm not frustrated, but feel extra guidance will help.
 - c. I've never attempted this objective, & am scared to do so.
 - d. I've never attempted this objective, & am seeking mentorship as I know I need it to be successful in my business.
 - e. I've never attempted this objective, & am excited to do so.
4. Regarding managing your time, please select the statement best describing you. (Select one)
 - a. I put all my appointments in my calendar on my phone.
 - b. I have an app on my phone to keep track of my appointments.
 - c. I write all my appointments in my day planner.
 - d. I put all my appointments in MS Outlook or another email application.
 - e. I remember my appointments and don't put them in a phone, email or planner.
 - f. I don't currently have a method for keeping track of appointments.
5. Regarding multi-tasking your career/job & personal life, select the statement best describing you. (Select one)
 - a. Regardless of my career/job, my family or personal priorities come first.
 - b. I give my career/job a set amount of time daily, after that I ignore work and focus on family or myself.
 - c. I give my career/job as much time as it needs each day until a family or personal emergency comes up.
 - d. Regardless of my family or personal priorities, my job or career comes first.

I understand that as a mentee participating in MCABW POWER, any advice I receive in the course of the mentoring relationship is solely for the purpose of guiding me in my business. I understand this relationship is an educational resource to discuss the general issues concerning my business. I understand that I will not rely upon the mentor's advice and/or statements as legal advice.

I understand and agree that the information I receive in the course of the mentorship will not be relied upon as substitute for my own independent judgment or professional opinions.

I hereby agree that in no event will I file suit or otherwise attempt to hold liable for damages, MCABW, any mentor, or member of MCABW as a result of my participation in this program. As a mentee, I agree to indemnify and hold harmless MCABW from any and all claims, suites, actions or proceedings of any kind arising out of, or in connection with, any advice or guidance I receive in relation to this program.

I hereby agree to pay the \$25 non-refundable application fee for the Mentoring Program, payable to the MCABW Foundation.

Signature: _____ Date: _____

Mail to: MCABW 13921 Hwy. 105 Suite 130, Conroe TX 77304

Email to: organizethisconroe@gmail.com

www.mcabw.org