



**Agriculture Council of Saskatchewan (ACS) / Business Mentorship Institute (BMI)
Mentorship Program
Expression of Interest PROTÉGÉ Form**

Please fill in the following information to assist ACS and BMI in selecting a mentor that best meets your needs. **You can fax (975-6850) or email this form back to Bev Magill, Agriculture Council of Saskatchewan Inc. (ACS) at: magillb@agcouncil.ca.**

CONTACT INFORMATION:

Name: _____

HOME ADDRESS:

Street Address Province Postal Code

Phone Email

BUSINESS ADDRESS:

Position Title: _____

Street Address Province Postal Code

Phone Email Cell Phone

SKILL LEVEL:

On a scale of 1 to 10 with 1 being low skill level and 10 being high skill level, please rate your current and desired skill level with the following business areas:

	Current Skill Level:	Desired Skill Level:
Customer Service	_____	_____
Finance	_____	_____
Human Resources	_____	_____
Information Technology	_____	_____
Leadership	_____	_____



Management _____

Marketing _____

Planning _____

Production _____

Please rank your top five business priority areas in which you would like your mentor to have expertise in, with 1 being the most important area of expertise and 5 being the least important area of expertise.

Customer Service _____

Finance _____

Human Resources _____

Information Technology _____

Leadership _____

Management _____

Marketing _____

Planning _____

Production _____

Other: _____

BUSINESS PROFILE

Please provide a brief description of your business: _____

Years of Experience in Business: _____

Number of Employees: _____

Education: _____

Which of the following best describes your business?

- Primary producer
- Processor
- Food Processor
- Non-profit agriculture/agri-food organization
- Other: _____



What level of satisfaction have you experienced as an entrepreneur? Please be specific in terms of specific business related experiences that give you satisfaction as an entrepreneur.

What level of frustration have you experienced as an entrepreneur? (Please be specific in terms of specific business related experiences that give you frustration as an entrepreneur).

What expectations do you have of your mentor and what do you hope to gain from your experience in this program?

PREFERENCES FOR MENTORSHIP PROGRAM:

Are you willing to travel to meet with your mentor?

- Yes (If yes, what is the maximum distance you would travel? _____ km)
- No

Please select your preferred days of the week for mentorship meetings

- Sunday Monday Tuesday Wednesday
- Thursday Friday Saturday

Please select your time preference for meeting with your mentor

- Morning Afternoon Evening

Thank you for completing this application and for expressing interest in our ACS/BMI Mentorship Program. We will take this information into consideration while choosing the best possible mentor for your situation. If you have any questions, please do not hesitate to contact Bev Magill at 975-8928 or magillb@agcouncil.ca.