2019 PEACE THROUGH BUSINESS® Program

Mentor/Host Application

Please complete the mentor/host application in full. All responses should be completed in the white cells – these will expand automatically as needed.

Please select all that apply:

☐ E-Mentor

☐ In-Person Mentor (July)

☐ In-home Host Only (July)

☐ Mentor support with specialty skill

☐ Persian Language Speaker (Dari / Pashtu)

☐ French or Kenyarwanda Language Speaker (Rwanda)

NAME

|  |  |
| --- | --- |
| Last Name: |  |
| First Name: |  |

HOME INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mailing Address: | |  | | | |
| City: | | |  | State / Zip Code: |  |
| Home Phone: |  | | | Cell Phone: |  |
| Email: |  | | | | |

SOCIAL MEDIA

|  |  |
| --- | --- |
| Facebook: (URL) |  |
| Twitter: (Username) |  |
| LinkedIn: (URL) |  |
| Instagram: (Username) |  |
| Skype: (Username) |  |

PERSONAL/FAMILY INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Married? (Yes/No): |  | If yes, Husband’s Name: |  |
| Children? (Yes/No): |  | If yes, Children’s ages: |  |
| Hosting a student in your home can be stressful if the appropriate match is not made. Please tell us about yourself, your family, pets (if applicable), hobbies, etc. and is your family supportive of you participating in the program. | | | |
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| Are there any lifestyles or religions incompatible with yours? | | | |
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PROFESSIONAL INFORMATION (Please be detailed in completing your application so we can fully understand your business, get to know you and better match you with a student.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of your business: | | |  | | | | |
| Business Address: | | |  | | | | |
| City: | | |  | | State/Zip Code: |  | |
| Business Phone: | | |  | | Business website: |  | |
| Title: |  | | | | Type of Industry: |  | |
| How long have you owned your business? | | | |  | How many employees you have? | |  |
| What percentage of the business do you own? | | | |  | What is your annual business revenue? | |  |
| Please describe your business in detail. The more detailed information you provide, the better match we can make. | | | | | | | |
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| What prompted your interest in this mentorship program? | | | | | | | |
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| eMentorship: Mentorship of a PEACE THROUGH BUSINESS**®** student is one of the most important pieces of her education and is accomplished online, in-person or both. Therefore, we ask each mentor for a one-year commitment, along with a commitment to provide IEEW with quarterly progress reports during that year. The majority of this commitment will be accomplished via email/Skype due to the distances involved. **Are you willing to commit to your student and to the program for a year?** | | | | | | | |
| ➔ | | | | | | | |
| In-Person Mentorship: If your student is chosen for the Leadership Development program and travels to the U.S. in July, **would you be willing to continue your mentorship with your student?** (See Mentorship Toolkit for a more complete explanation of mentor responsibilities). In-person mentorship requires financial and logistical responsibility for getting the student from Leadership Development in Dallas to your location, as well as the student living & working with you for 6 full days beginning with the student’s arrival day and ending on departure day. | | | | | | | |
| ➔ | | | | | | | |
| If your student is chosen for the Leadership Development program, and you live outside of the Dallas/Ft. Worth area, **are you willing to provide round-trip domestic airfare for your student** to travel to your location and back? | | | | | | | |
| ➔ | | | | | | | |
| How did you hear about the PEACE THROUGH BUSINESS**®** Program? | | | | | | | |
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| **By typing “yes” below,** if selected for the PEACE THROUGH BUSINESS**®** Program, I hereby consent to the participation in and publication of interviews, the recording of interviews, photographs, movies, or video tapes and the usage of my name, business, and logo. I also grant the Institute for the Economic Empowerment of Women (IEEW) the right to publish and distribute such materials for publicity purposes in any media format including but not limited to newspapers, magazines, television, radio, film, texting or any type of media on the Internet. I also grant IEEW the right to edit such materials, so long as the meaning of statements and interviews are not changed.  If you agree with the above statement, please write/type “yes” in the space below. | | | | | | | |
| ➔ | | | | | | | |
| Some mentors prefer to work in teams. List any preferred team members and their email addresses below. | | | | | | | |
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| I have read and understand the mentor/host description, and understand that the entire Toolkit will be available prior to the PTB program for my review. If you agree, **please write/type “yes” in the space below.** | | | | | | | |
| ➔ | | | | | | | |
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| Please provide 3 references below: | | | | | | | |
| Reference 1: | | Name: | |  | | | |
|  | | Address: | |  | | | |
| Phone Number: | |  | | | |
| Email: | |  | | | |
| Reference 2: | | Name: | |  | | | |
|  | | Address: | |  | | | |
| Phone Number: | |  | | | |
| Email: | |  | | | |
| Reference 3: | | Name: | |  | | | |
|  | | Address: | |  | | | |
| Phone Number: | |  | | | |
| Email: | |  | | | |