## Application for becoming a 'Mentor'

If you're an experienced entrepreneur or industry expert and are open to providing mentorship the next generation of innovators and entrepreneurs, then please join the **MSSU SPARK** Incubation Centre by submitting your mentorship application here:

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Mentor Application Form			
Personal Information:			
<ol> <li>Name:</li> <li>Email:</li> <li>Phone Number:</li> <li>LinkedIn Profile (if applicable):</li> </ol>			
Professional Background:			
<ol> <li>Current Job title:</li> <li>Company/Institution Name:</li> <li>Industry/Field of Expertise:</li> </ol>			
Mentorship Experience:			
<ul> <li>Have you served as a mentor before? (Yes/No)</li> <li>If yes, please provide details of your previous mentoring experience organization, duration, and the type of mentoring provided.</li> </ul>			
Mentoring Preferences:			
What type of mentorship are you interested in providing?			
<ul> <li>□ General Business and Strategy</li> <li>□ Marketing and Branding</li> <li>□ Financial and Legal Advice</li> <li>□ Technology and Innovation</li> <li>□ Industry-Specific Guidance (Please specify):</li> <li>□ Other (Please specify):</li> </ul>			
What is your preferred method of mentoring?			
<ul> <li>□ In-person</li> <li>□ Virtual/Remote</li> <li>□ Flexible (a combination of both)</li> </ul>			

including the

## Availability:

How much time can you commit to mentoring per month (in hours)?

□ 1-5 hours

Please share with us about why would you like to become a mentor with the MSSU Incubation Centre?  Please provide a brief statement (100-200 words) explaining your motivation for becoming a mentor, and what are you hoping to achieve through this mentorship  Additional Information:  1. Please share any specific skills, expertise, or industry knowledge that makes you a valuable mentor  2. Are there any other relevant pieces of information or insightful comments you would like to add?  References:  Please provide contact information for two professional references who can speak to your experience and qualifications as a mentor.  1. Reference 1:  • Name: • Email: • Phone Number:  2. Reference 2: • Name: • Email: • Phone Number:  Application Submission:  By submitting this application, you confirm that the information provided is accurate, and you agree to abide by the mentorship guidelines and code of conduct established by MSSU Incubation Centre.  Signature:  [Your Name]  Date:  [Your Name]			6-10 hours	
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[Your Name]  Date:	-			
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