

Matrix Entrepreneur Academy

Mentor Application

Bakersfield, California

School Year 2020-2021

Full Legal Name _____

E-mail _____ Cell Phone # _____

Business Name _____ Business Phone # _____

Website _____

Please check approximate times which might work for your schedule.

This is only an estimate for the future.

Meeting times will be based on your availability.

9:00 – 11:30 am _____ 12:15 – 2:45 pm _____ 3:00 – 5:30 pm _____

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Please check your Business Interests and Expertise (Guideline for Student Match):

_____ Sales of Products _____ Sales of Services _____ Management

Rank your level of expertise - 0 is none & 5 is high interest

_____ Graphic Arts _____ Technology _____ Accounting _____ Customer Service

_____ Office Machines _____ Services to Adults _____ Services to Children

_____ Starting a Business _____ Administration _____ Business Management

_____ Other _____ Other _____

_____ I understand that since I will be working with minors, I must submit to a fingerprint check by the FBI and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as necessary for such an investigation. I authorize MATRIX ENTREPRENEUR ACADEMY to conduct a criminal records check.

Name (please print)

Signature

Date

Company Name

Position

School Year 2020-2021

Email: MatrixEABak@gmail.com or Fax: 661-588-4243