



**Asheville
Home Builders
Association**

MENTOR-MENTEE PROGRAM APPLICATION & AGREEMENT

Date of Application: _____ Builder Member Associate Member

Name of Applicant: _____

Name of Company: _____

Company Address: _____

Applying as: MENTOR MENTEE (Circle One)

Business Phone: _____ Business Fax: _____

Cell Phone: _____ Email: _____

Please select the areas of expertise for which you are requesting a mentor or applying as to be a mentor by placing numbers in front of your areas of interest in order of importance or experience, with #1 being the most important

_____ Business Management System

_____ Marketing

_____ Contracts

_____ Accounting

_____ Estimating

_____ Human Resources

_____ Other: _____

On a separate sheet of paper please write an explanation of why you are requesting to participate as a mentor or mentee, and what you hope to gain from the experience. This information will be utilized by the AHBA Staff to determine areas of interest/need of both potential mentors/mentees

Please initial by each line below stating that you hereby agree to the following terms and conditions of the Asheville Home Builders Association Mentoring Program:

____ All information shared between mentor/mentee shall remain confidential

____ My mentor is only required to offer me one hour of his/her time per month. I will respect that time and any additional time they may be willing to offer by showing up at scheduled meetings on time and prepared with my questions and completed assignments if any.

____ I understand that my mentor is offering me the benefit of his/her expertise gained through their educational and business experiences on a voluntary basis. Asheville Home Builders Association does not make any guarantees as to the quality or accuracy of the information provided by a mentor/mentee and it is my responsibility to use my own judgment in accepting or rejecting the advice of my mentor. I hereby hold Asheville Home Builders Association harmless for any damages to myself or my business resulting from any advice offered by my mentor.

____ I understand that running my business is my job and I accept responsibility for all consequences of my decisions including whether or not to follow any advice offered by my/a mentor. I hereby hold my mentor harmless for any damages to myself or my business resulting from any advice offered by my mentor.

____ I understand that the mentoring relationship may be terminated at any time by the mentor/mentee for any reason.

____ I understand that assignment as a mentor/mentee is dependent on acceptance of this application by the AHBA. The AHBA makes no guarantees that a match for mentor/mentee will be found.

The undersigned AHBA Member agrees to indemnify and hold harmless the AHBA, its Board of Directors, its agents, employees and any AHBA approved mentor from any claims, causes of action or judgments of any kind which may be made against any or all of them arising out of or relating to the undersigned's participation in the AHBA's Mentor/Mentee Program.

Participants Signature: _____ Date: _____

Printed Name: _____

Company Name: _____

AHBA Representative: _____