

Association for Corporate Growth 1120 Chester Avenue • Suite 470 Cleveland, Ohio 44114-3514 216.696.8484 tel 216.696.2582 fax admin@acgcleveland.org www.acgcleveland.org

2022 MENTORSHIP PROGRAM APPLICATION

Please fill out the form below as completely as possible to facilitate the best match with another ACG member.

Personal Information	
Name	
Email address	
Phone #	
City of Residence	
ACG Chapter	
Professional Information Company Professional Title	
Location of Company	
Industry Type	
	Industry types include (but are not limited to): Banking, Attorney, Accountant, Wealth Manager, Investment Banking, Private Equity, Corporate Development, Corporate Management, Capital Provider, Family Offices, etc.
# Years in Field	
# Years in current role	
Current position category:	
☐ Entry level ☐ [Field]	Professional ☐ Mid-Management ☐ Senior/Exec Management

Mentorship Information I am applying to be a (choose one) ☐ Mentor ☐ Mentee Would you be open to having a mentor/mentee from another ACG Chapter? ☐ Yes ☐ No Would you prefer to have a mentor in the same industry as you? ☐ Yes ☐ No ☐ Yes ☐ No Have you served as a mentor in this or another program? An ideal match would be: An unfavorable match would be: List any specific requirements or constraints to be considered when matching you with a mentee / mentor: Mentee Only In what areas would you like your mentoring to focus? What is your preferred meeting time? Please select all that apply. ☐ Morning ☐ Lunch ☐ Evening ☐ Weekends What is your preferred communication method? Please select all that apply. ☐ Phone ☐ Email ☐ Text ☐ In-Person ☐ Virtual (Zoom, Google Hangouts) Please return the completed application to Julia N. Zettl, ACG Cleveland Chapter Assistant – jzettl@acgcleveland.org FOR INTERNAL USE ONLY 2021 Cohort Match (if applicable) Potential Match 1 Potential Match 2