

DREAI Peer Mentoring Intake Form Instructions

Step 1

Log in to your membership and go to the membership dashboard.

Step 2

Click "Peer Mentoring".

1 Welcome to the Membership Dashboard

You have made a great choice today!

Your Taking Care of Business membership will give you and your team access to valuable webinars and online workshops, professional business supports, and resources to help guide the way!

1. Click the **Owners, Employees & Participants** tab below to include a list of your business team.
2. Discover **Sponsored Programs** and apply for eligibility to participate.
3. Explore the online **Workshops** below.
4. Utilize free **Resources** here.

If you require additional support, there are two ways to contact us:

- Call 1-250-985-1856 - you will speak with Elizabeth - a real person!
- Email info@cfquesnel.com - answered by a real person!




Be the first to know about new sponsorship and funded programs! - sign up for our email newsletter here!

Membership Menu:

| | |
|--|--|
|  Membership Profile |  Owners, Employees & Participants |
|--|--|

Sponsored Programs:

Disaster Recovery and Economic Adjustment Initiative (DREAI)

| | |
|---|---|
|  Eligible Organization Application |  Specific Training |
|  Travel Policy | |

Services:

| | |
|---|---|
|  Workshops |  My Workshop Sign Ups |
|  Peer Mentoring 2 |  Consulting Hive Specialists |

My Account:

| | |
|--|---|
|  Login Info |  Log Out |
|--|---|

Step 3

Read the information about the program.

Click "Fill Out Application"

3

Peer Mentoring Intake Form

My Dashboard

The Mission of the Community Futures Peer Mentoring Program is:

Connect business owners to survive, thrive & grow by sharing and learning in problem solving conversations.

Participating businesses will benefit most if they have:

- A commitment to learning.
- The willingness to share experiences in a non-competitive environment.
- The commitment to participate for 6 months.
- The commitment to participate in up to two-hour meetings (via Zoom) 2 to 4 times per month as determined by your group.
- Access to video conferencing (Zoom) and sufficient band width for video calls.

How to join:

1. Complete the intake form below.
2. The intake form will be reviewed by the facilitator, Bill Quinn.
3. You will be contacted for a short interview with Bill. This interview will provide information to ensure your business is placed in a Peer Mentoring group that will best meet your needs.

What is the cost:

This is a fee for service program.

You may be eligible for sponsorship or funding! If you have not already done so, please complete the **Eligible Organization Application** on the membership dashboard.

If you have any questions, please contact Bill at 250-981-3739 or by email at nustride@telus.net

Complete the intake form today to be a part of the Peer Mentoring program.

Current Status: **Not Filled**

Application has not yet been filled, or is partially filled and not Submitted

Fill Out Application



My Hat Series
Peer Mentoring
Welcome, Bill Quinn!
Learn how Peer Mentoring can make a massive difference in your journey of business ownership!
Find out how you can join the next round of Peer Mentoring groups offered through Taking Care of Business... And see if you are eligible for sponsorship!

Step 4

Read the information about the program.

Some of your details will auto-fill from your membership details.

Review the details.

Scroll to the next section.

4

Peer Mentoring Intake Form

My Dashboard

A great choice! You will be joining a group of business owners and entrepreneurs who, (like you) want to contribute to problem solving conversations to help strengthen and grow their business!

How to join:

1. Complete an intake form below, for the purpose of creating the appropriate groupings.
2. The intake form will be reviewed by the facilitator, Bill Quinn.
3. Bill will contact you for a short interview. This interview will provide information to ensure your business is placed in a Peer Mentoring group that will meet your needs.

What is the cost:

There is a one-time fee of \$675

If you have been **approved for the DREAI sponsorship**, the fee is waived.

If you have not applied for the DREAI Sponsorship, you can do so now [eligible for sponsorship/funding](#). The application will take less than 4 minutes!

Back

Save Changes

4

Company Information

Business Name: *

Elizabeth's Testing Centre

Contact Name: *

Elizabeth Testing

Address: *

123 My Lane

Address 2

Quersnel

BC

V2J5L3

Step 5

Complete the form by answering the questions as indicated.

Your answers can be brief.

Type your name under "Authorized Company Representative".

Click "Save Changes & SUBMIT"

5 Describe your business:

At what stage is your business (ie: start up, established, family owned, etc)

Identify two key business challenges:

Where are you wanting to take your business

Signed Date:
18-Nov-2022

Signature of Authorized Company Representative: *

If you have any questions, please contact Bill Quinn @ 250-881-3739 or via email at nustride@telus.net.

Save Changes & Come Back Save Changes & SUBMIT

Step 6

A pop-up window will appear.

Be sure you have included all the information you would like the facilitator to know.

Click OK

6 takingcareofbusiness.biz says

Are you sure you have filled out all required fields and are ready to SUBMIT this form?

OK Cancel

Step 7

Review the information for the program and your intake form.

Click "My Dashboard"

7 You have saved your changes to your Peer Mentoring Application Form! My Dashboard

Peer Mentoring Intake Form

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How to join:

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2. The intake form will be reviewed by the facilitator, Bill Quinn.
3. Bill will contact you for a short interview. This interview will provide information to ensure your business is placed in a Peer Mentoring group that will meet your needs.

What is the cost:

There is a one-time fee of \$675

If you have been approved for the DREAL sponsorship, the fee is waived.

If you have not applied for the DREAL Sponsorship, you can do so now [eligible for sponsorship/funding](#). The application will take less than 4 minutes!

7

Company Information

Business Name: *
Elizabeth's Testing Centre

Contact Name: *
Elizabeth Testing

Address: *
123 My Lane
Queens
V2J4L3

Describe your business:
jo k706

At what stage is your business (ie: start up, established, family owned, etc)
fs q79

Identify two key business challenges:
gh79ts
f9g9g9g

Where are you wanting to take your business
geog9g9g9g

Signed Date:
18-Nov-2022

Signature of Authorized Company Representative: *
Elizabeth Moss

Step 8

You will receive a call from Bill Quinn, the facilitator of the Peer Mentoring Program.

Bill will discuss your application with you to ensure you are being placed in a Peer Mentoring group that will best fit your needs.

Meetings will run for six months; and will be held biweekly.

Your group will determine the day and time.

If you have any questions, you can contact Bill via email at nustride@telus.net or by phone at 250-981-3739.