



## Scott County Business Accelerator Program Application to Serve on Advisory Committee/Mentor

### Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

### Available for Meetings:

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday  
\_\_\_\_ Mornings \_\_\_\_ During the workday \_\_\_\_ Lunch Hour \_\_\_\_ After Work Hours

Briefly describe your qualifications including education, business and volunteer experience, including current job position:

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List skills you possess which will be beneficial in serving on this advisory board; please attach resume: \_\_\_\_\_

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Briefly describe your interest in this position and how you can serve the county:

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Please provide the names of three persons as references (not related to you) who can testify to your qualifications and character:

Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Occupation/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What date would you be interested in starting? \_\_\_\_\_

Please explain what services you or your organization have to offer other clients of the Business Accelerator Program: \_\_\_\_\_  
\_\_\_\_\_

Other relevant information: \_\_\_\_\_  
\_\_\_\_\_

Note: Please attach a resume and send to:  
Michael Werneke, Business Development  
Specialist Scott County CDA - Business  
Accelerator 4601 Dean Lakes Blvd  
Shakopee MN  
Or email to: [mwerneke@scottcda.org](mailto:mwerneke@scottcda.org)

I have read and understand the Advisory Board Position Description. I understand participation in the Business Accelerator Program requires interaction with the assigned mentee, participation in educational and networking sessions, as able, and quarterly reports on employment and changes in the business to the Scott County CDA staff.

Applicant's Name(s): \_\_\_\_\_  
Title(s): \_\_\_\_\_  
Signature(s): \_\_\_\_\_  
Date: \_\_\_\_\_

**Please carefully read the following information "Notice to Applicant" - Data Privacy**  
The information you supply on this application will be used to assess your qualifications for the position for which you are applying. You are not legally required to provide the information, but we will not be able to consider your application without it. The information is requested to distinguish you for other applicants, identify you in our files, determine if you meet the minimum qualifications, and to contact you for interviews. The following information non this application is private data on individuals pursuant to Minnesota Government Data Practices Act: Your name, home address, home phone number and citizenship status. This information is available only to you, Scott County CDA employees who have a need for it, and persons, organizations, and governmental agencies, if they have statutory or judicial authority to gam access. If you are certified as eligible, your name will become public data. If you are appointed, all information you supply on the application will become public, except your home street address, home phone number and citizenship status.

**Applicant's Statement**

I have read the "Notice to Applicant" regarding the MN Data Practices Act and understand my rights as a subject of data. I certify that all the information provided on this application is true and I understand that any misrepresentation or omission of facts contain in this application will be grounds for disqualification.

I authorized and consent to having Scott County representatives make inquiries about me if I am to be considered. By signing this form, I hereby acknowledge I have read and understood the above statements. I understand that this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Please submit a paper copy or email your application materials to: Michael Werneke, Business Development Manager, Scott County CDA: [mwerneke@scottcda.org](mailto:mwerneke@scottcda.org)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_