

Colorado Independent Publisher's Association Mentor Application

Mentor Name _____
 Your Specialty _____
 Business Name _____
 Address _____
 City _____ State _____ ZIP _____
 Business Phone () _____ Home Phone () _____
 Fax Number () _____ E-Mail _____
 Member since _____

Why I want to be a CIPA mentor and Why I am qualified to help as a mentor: _____

Which items are you experienced with? Check all that apply:

<input type="checkbox"/> Vision plan	<input type="checkbox"/> Mission statement
<input type="checkbox"/> 5-10-15 year Strategic Business plan	<input type="checkbox"/> Copyright filings
<input type="checkbox"/> Trademark filings	<input type="checkbox"/> LLC, INC or other filings
<input type="checkbox"/> Non-Profit Status filings (if applicable)	<input type="checkbox"/> Complete Manuscript
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

As a Writer, which areas are you experienced in?

Check all that apply:

<input type="checkbox"/> Fiction	<input type="checkbox"/> Reference
<input type="checkbox"/> Non-Fiction	<input type="checkbox"/> Spiritual
<input type="checkbox"/> Self-Help	<input type="checkbox"/> Travel
<input type="checkbox"/> Children	<input type="checkbox"/> Humor
<input type="checkbox"/> How-to	<input type="checkbox"/> Cookbooks
<input type="checkbox"/> Poetry	<input type="checkbox"/> Personal Growth
<input type="checkbox"/> Business and Finance	<input type="checkbox"/> Animals and Pets
<input type="checkbox"/> Loss and Grieving	<input type="checkbox"/> Biography / Autobiography

Travel / Recreation
 Other _____

Historical Novel / Chronicle
 Other _____

As an Illustrator, what areas are you experienced in?

Check all that apply.

Books
 Magazines
 Booklets / Tracts
 Murals / large projects
 _____ _____

As a Publisher or Service Provider, which areas are you experienced in?

Check all that apply.

Traditional POD Self/Independent
 PR/Marketing Printing Interior Design
 Covers Rights Editing
 Consulting Websites Graphics
 Legal Other _____ Other _____

As a Mentor representing CIPA's Mentoring Program, I _____ agree to provide the Mentee assigned to me with complete, honest and sincere mentoring for four (4) hours within 12 months of assignment. I am aware that the \$100 fee paid by the Mentee goes to CIPA in its entirety.

I agree to provide phone advice, one-on-one guidance, teleconference, email correspondence or any combination that is agreed upon by both myself and the Mentee.

If, after the agreed upon four (4) hours, the Mentee desires a continuance of this mentoring program, we will negotiate an agreed upon amount between the two of us. CIPA will receive nothing financial in return.

I understand that any part of this contract can be disputed by either party at any time during this agreement. If a problem should arise where I wish to nullify the contract for any reason, I agree to provide a complete description of the issue in writing to the Board Mentoring Chair within three (3) months of assignment.

I agree not to dispute any decision made by the Board regarding a possible situation where I may want to nullify a mentoring contract. I also agree that any decision made by the Board will be final.

Mentor's name and title

Date

Fax to CIPA at (303) 926-8777 or mail to:
Colorado Independent Publishers Association
P.O. Box 101975
Denver, CO 80250-1975
