



ventures

Building businesses, changing lives

Staff use only	HH Size	Annual Income	Fee					
	Income Ver. Rec'd Y / N	Pmt Type Sq Cash Check			\$50	\$100	\$200	SCH
			Staff					

Business Basics Course Application

Please fill out the application completely. One per person, please. Applications submitted with blank fields may not be considered. All answers are confidential.¹

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell: _____ Preferred contact method(s):
 Email
 Phone
 Text

PERSONAL INFORMATION

Date of Birth: ____/____/____

Marital Status:

- Single
- Married
- Common Law/Domestic Partnership
- Divorced/Separated
- Other

Gender Identity:

- Male
- Female
- Other: _____
- Choose not to identify

Ethnicity (select all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Caucasian
- Hispanic or Latino/a
- Pacific Islander or Hawaiian
- Other: _____

Do you have any mental or physical disabilities?

- Yes No

Are you a US Veteran?

- Yes No

Are you an immigrant to the US?

- Yes No

Did you come to the US as a refugee?

- Yes No

Is English your first language?

- Yes No

If no: What is your first language? _____

What is your current housing situation?

- Rent Own
- Subsidized Public Housing
- Homeless Other: _____

Highest level of education completed:

- Elementary/Middle High school diploma/GED
- Associate's Degree, Vocational, or Tech
- College Degree Masters or Post-Graduate

¹Ventures uses the information in this application to monitor and evaluate our programs. All personally identifying information will remain confidential.

BUSINESS INFORMATION

What is your business idea and business name?

Please describe your business product or service: (Example: Ethiopian food, childcare, plumbing etc.)

Please describe your experience in this industry:

Is this business a partnership? Yes No **If yes:** partner's name: _____

Have you completed a business plan for this business? Yes No

Please select the most appropriate category for your business:

Food Business

- Food Service
Example: caterer
- Food Product
Example: bottled hot sauce
- Food Service and Product Combo
Example: a personal chef with a gourmet mustard line

Non-Food Business

- Service
Example: landscaping
- Product
Example: soap
- Service and Product Combo
Example: yoga teacher and yoga bag line

Has your business made any sales? Yes No

If yes: What are your gross sales (before expenses) in an average month? \$ _____

When did you make your first sale? Month: _____ Year: _____

Please fill out this chart if you have made any sales within the last 12 months:

	Average month	Past 12 months
Sales		
Expenses		
Profit (Sales minus Expenses)		

Do you spend some of your business income on personal expenses such as food and rent?

Yes No

If yes: How much of your business income do you spend in an average month? \$ _____

Do you have an active Washington State Business License? Yes No

If yes: When did you get your Washington State business license? Month: _____ Year: _____

How many hours per week do you work at your business?

- Full-time (30 hours or more per week)
- Part-time (1-29 hours per week)
- Seasonal (9 months or fewer throughout the year)
- I'm not working at my business right now

If you do not work at your business full-time, do you intend for your business to become your full-time job? Yes No

Not including yourself, how many paid employees or staff do you currently have?

- No Employees
- # Full-time Employees: _____ # Part-time Employees: _____
- # Temporary/Seasonal Employees: _____ # Contracted Employees: _____
- Average Employee Hourly Wage: \$ _____

EMPLOYMENT & INCOME

Do you have a job outside your business where you work as an employee? Yes No

If yes: How many hours do you work at jobs that are not your business?

- Full-time (30 hours or more per week)
- Part-time (1-29 hours per week)
- Seasonal (9 months or fewer throughout the year)

If you do not have a job, which of these apply to you? Unemployed Homemaker Student Retired

Do you currently receive public assistance? Yes No

(This may include Food Stamps, TANF, SSI, Unemployment, Refugee Assistance, Housing Assistance, or other assistance.)

Do you currently receive TANF? Yes No

Have you used a payday loan in the past year? Yes No

Including yourself, how many people in each age group are in your household?

(Household is defined as people you include on your taxes, including yourself, children and adult dependents.)

Number of children (age 0-17): _____ Number of adults (age 18+ including yourself): _____

Sources of Income Pre-tax. We look at your current income situation in order to evaluate your eligibility for our program. We will collect income verification from you on the first day of class (we accept TANF or other entitlement letters, a copy of your tax return's first page, or copies of employment pay stubs, etc.).

Sources of Income	Amount received per month
1. Formal employment (your part-time or full-time job)	\$
2. Self-employment (profit from your business)	\$
3. Public assistance (TANF, SSI, unemployment, food stamps, etc.)	\$
4. Pensions or retirement income	\$
5. Income from others in household (i.e. spouse/partner, family member)	\$
6. Other:	\$
Gross Monthly Total (Add lines 1-6)	\$

How did you hear about Ventures?

- Friend or family
- Current or past Ventures client
- Nonprofit or community group. Name: _____
- Government agency. Name: _____
- TV/radio/print: Name of news source: _____
- Internet search/independent research
- Other: _____

ALTERNATE CONTACT

Please provide the name and contact information of someone that Ventures could contact in order to relay a message to you if you were to move or change your contact information.

Contact Name: _____ Relationship to You: _____

Contact Phone: _____ Contact Email: _____

AGREEMENTS & SIGNATURE

SURVEY AGREEMENT: While participating in Ventures programs, we will survey you approximately once per quarter and at the end of any training courses that you attend. We may also contact you up to 2 years after participating in our program to measure the long-term impact of Ventures' services.

MARKETING AGREEMENT: We will occasionally photograph/film Ventures events and classes for possible use for marketing our programs to the public (ex: flyers, brochures, newsletters, social media, etc). You may be included in a photo/video in a group setting or as the primary subject. If you do not want to be in photos/videos, you must inform us at the time of filming/photographing. Ventures also wants to promote your business by publicly sharing information such as your business website, social media properties (Facebook, Instagram etc.), or store-front address.

I do not want to participate in any marketing activities.

CONSENT TO SHARE INFORMATION: Occasionally, Ventures partners with other nonprofit organizations to provide classes and services. We sometimes share contact information with those organizations so that they can fully serve you. We will never share your information with people who try to sell you something, ask you for money, or harm you in any way.

I do not want Ventures to share my contact information.

Ventures is an equal opportunity employer and service provider, and prohibits discrimination on the basis of race, creed, sex, national origin, disability, sexual orientation, or other consideration made unlawful by federal, state, or local laws. Reasonable accommodations for people with disabilities provided upon request; contact info@venturesnonprofit.org to arrange special accommodations. All sites are wheelchair accessible.

I have read and agree to the above. *By signing below, you verify that all the information contained in this application is accurate and complete to the best of your knowledge, and agree to provide income verification upon request.*

Signature

Date



Community Agreements

Our Mission: *Ventures empowers individuals with limited resources and unlimited potential to improve their lives through small business ownership.*

Our Guiding Values:

- **COMMUNITY:** We work with a spirit of teamwork and collaboration, while always supporting clients, staff, volunteers, and community partners with compassion.
- **CLIENT-SUCCESS:** We let clients' needs govern our decisions and interactions, with the ultimate goal of clients' business development.
- **EMPOWERMENT:** We trust each other's expertise and leadership abilities, while providing clients with the tools they need to achieve their own success.
- **INTEGRITY:** We operate sustainably and responsibly, while promoting ethically strong small business development.
- **DIVERSITY:** We respect each other's different backgrounds, strengths, and work styles, while adapting programs to serve diverse clients' needs.
- **INNOVATION:** We appreciate and welcome new ideas, while encouraging clients to think outside the box.

Our Commitment to You:

- You will receive prompt, courteous and professional business training and development services, as well as access to outside referrals if Ventures is unable to provide the adequate resources for you and your business.
- Your personal information will remain confidential. No public use of your name, address, or business identity will be made without your prior approval. Non-identifying information may be provided for reporting purposes only.
- We will not make business decisions or judgments for you, though staff and volunteers will make recommendations and suggestions as appropriate. These will be based upon our best efforts to apply the experience and resources available to us to assist you in making your own business decisions.

Community Agreements:

- You are responsible for providing Ventures the information needed to determine eligibility for our programs and services.
- Ventures expects clients to be willing to participate in activities, including trainings, one-to-one coaching, and ongoing support, and to accept coaching and instruction from staff and volunteers. This includes your willingness to move your business forward with the support of our programs and services.
- Ventures programs are drug, alcohol, and violence free environments. Clients, staff, and volunteers are prohibited from using abusive, discriminatory, or discourteous language.
- We ask that clients, volunteers and staff treat Ventures property (computers, equipment, materials, classrooms etc.) with respect. Ventures is not responsible for the theft, damage, or loss of personal property.
- Ventures reserves the right to discontinue services at any point based on behavior, participation, or disregard for the policies stated above. If you have been denied a service or access to a program, you may file a written appeal to the Executive Director of Ventures. All complaints will be treated seriously and will be responded to within ten business days.

I have received, read through, and agree to the Ventures Community Agreements stated above.

(Printed Name)

(Signature)

(Date)

Ventures is an equal opportunity employer, and prohibits discrimination on the basis of race, creed, sex, national origin, disability, sexual orientation, or other consideration made unlawful by federal, state, or local laws. Reasonable accommodations for people with disabilities provided upon request. All sites are wheelchair accessible.