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|----------------|-----------|-------------------|---------------|-------|-------|-------|-----|
| Staff use only | Biz Type: | HH Size           | Annual Income | Fee   |       |       |     |
|                | Service   |                   |               | \$50  | \$100 | \$200 | SCH |
|                | Food      | Income Ver. Rec'd | Pmt Type      |       |       | Staff |     |
| Product        | Y / N     | Sq                | Cash          | Check |       |       |     |

# Business Basics Course Application

**INSTRUCTIONS:** Please fill out the application completely to apply for the Business Basics Course. If you are part of a business partnership and all partners wish to apply, each partner needs to complete a separate application.

## CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

## PERSONAL INFORMATION

Ventures uses the following information to help better understand the entrepreneurs we serve. Your responses to this section allow us to evaluate and improve our programs. Please note, while we ask for personal information, all personally identifying information stays confidential.<sup>1</sup>

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender Identity:**

- Male
- Female
- Other: \_\_\_\_\_
- Choose not to identify

**Ethnicity (select all that apply):**

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a
- Pacific Islander or Hawaiian
- White
- Other: \_\_\_\_\_

**Marital Status:**

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

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

**Is English your first language?**  Yes  No

**If not:** 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

**Are you formerly incarcerated?**  Yes  No

## **BUSINESS INFORMATION**

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**Tell us about your business. What is your business idea or established business?**

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**Describe the business. What do you sell or what will you sell?** (Examples: Tamales, childcare, plumbing etc.)

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**Tell us about YOU and your business. What experience do you have related to this business industry? Include both formal (i.e. employment, working the business) and informal (i.e. selling to family, volunteering services) experience.**

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**Do you have a business partner or partner(s)?**  Yes  No **If yes:** partner name(s): \_\_\_\_\_

**Have you completed a written business plan for your business?**  Yes  No  Not sure

**Are you currently in business (selling)?**

- Yes, I'm selling** – Please complete the questions below.  
 **Not yet** – Skip to the **"Employment & Income"** Section on page 3.

*Sales information noted here is confidential and is NOT a formal report of business activity. Ventures uses this information to track the business progress of its participants. If unsure about exact amounts, use estimates.*

**When did you start selling?** Month: \_\_\_\_\_ Year: \_\_\_\_\_

In a typical month, about how much do you sell (average monthly sales)? \$ \_\_\_\_\_

In a typical month, about how much do you spend on business expenses (average monthly expenses)? \$ \_\_\_\_\_

**Do you spend some of your business income on personal expenses like food and rent?**  Yes  No

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

**Do you have a current 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)

**If you work part-time or seasonally, do you intend for your business to become your full-time Job in the future?**  Yes  No

**Do you have any paid employees or staff?** Do NOT include yourself.

- No Employees      **If yes, how many of each:**
- # Full-time Employees: \_\_\_\_\_ # Part-time Employees: \_\_\_\_\_
- # Temporary/Seasonal Employees: \_\_\_\_\_ # Contracted Employees: \_\_\_\_\_
- Average Employee Hourly Wage:** \$ \_\_\_\_\_

**EMPLOYMENT & INCOME**

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We look at your current income situation in order to evaluate your eligibility for our program. If accepted, we will collect income verification from you on the first day of class.

**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

**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): \_\_\_\_\_

**Total Monthly Household Income Pre-tax.** Include monthly amounts from all income sources that apply to your household.

| Sources of Income in Household  | 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:   | \$                        |
| <b>Total Monthly Income Pre-Tax (Add lines 1-6)</b>                     | \$                        |

## How did you hear about Ventures?

- Ventures website
- Facebook
- Instagram
- Twitter
- Flyer. *Where was it?* \_\_\_\_\_
- Small Business Administration
- Work Source
- Library
- Nonprofit or community group: *Which one?*  
\_\_\_\_\_
- Government agency. *Which one?*  
\_\_\_\_\_
- TV/radio/print: *Name of news source:*  
\_\_\_\_\_
- Internet search/independent research
- Other: \_\_\_\_\_

## ADDITIONAL INFORMATION

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Ventures has an advocacy program that identifies the needs and concerns of local entrepreneurs so we can better support you. The following questions are for Ventures' internal use only and will not affect your application to the Business Basics Course.

### Do you currently have health insurance?

- Yes → *Which type of health insurance do you have?*
  - Insurance provided by your employer or a family member's employer
  - Insurance you purchased yourself from the Washington State Health Benefit Exchange
  - Medicare
  - Medicaid (also called Washington Apple Health)
  - Some other government program (VA, Indian Health Service, etc.)
- No → *Why not?*
  - I'm not sure how to access health insurance
  - Insurance is too expensive
  - I don't want health insurance
  - Other: \_\_\_\_\_

### Which of the following best describes your current retirement savings plan?

- I receive regular paychecks from an employer, and a portion of each check is deposited into my personal retirement savings.
- I put some of my own money towards retirement every month.
- I put some of my own money towards retirement whenever I can (less than once per month).
- I am not saving for retirement.

→ ***If you're not saving for retirement, why not?*** \_\_\_\_\_  
\_\_\_\_\_

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

*(Common payday lenders include Cash America, Moneytree, or any similar services)*

## ALTERNATE CONTACT

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

Contact Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## AGREEMENTS & SIGNATURE

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**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](mailto: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.*

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*Signature*

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*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.**

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(Printed Name)

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(Signature)

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(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.*