

PART II. – ENTERPRISING INTERESTS AND EXPERIENCES

Business Interest

1. Have you ever considered starting a business?
 NO (if NO, skip to the next section on business activity)
 YES (if YES, what kind of business? _____)
2. Do you plan to start it alone or with other people?
 ALONE
 WITH OTHERS
3. Do you plan to operate it out of your home?
 NO
 YES
4. What obstacles are keeping you from starting this business? What help do you need to get your business idea off the ground?

Business Activity

1. Are you currently earning money on your own through the sale of services or products?
 NO
 YES (What services or products do you sell? _____
_____)
2. To whom do you sell these services or products?
3. How do you get customers?
4. What would help you improve your business? What specific help do you feel you need to strengthen the success of your business?

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____

Email address: _____

Year of Birth: _____

Gender: FEMALE

MALE

Number of years you've lived in the community: _____ YEARS