



## AFP Manitoba 2019 Mentor Program

### AFP Mentor Application

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am a current AFP Manitoba member in good standing.

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1. How many years have you worked in the sector? \_\_\_\_\_

2. How many people are in the development department where you work?

Small (<3)    Medium (3-10)    Large (10+)

3. Please indicate the areas for which you can provide guidance and knowledge:

<input type="checkbox"/>	Annual Giving	<input type="checkbox"/>	Board Governance
<input type="checkbox"/>	Capital Campaigns	<input type="checkbox"/>	Career Development
<input type="checkbox"/>	Corporate/Foundation Relations	<input type="checkbox"/>	Direct Mail
<input type="checkbox"/>	Sponsorships	<input type="checkbox"/>	Grant/Proposal Writing
<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Communications
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Donor Development
<input type="checkbox"/>	Prospect Research	<input type="checkbox"/>	Major Gifts
<input type="checkbox"/>	Planned Giving	<input type="checkbox"/>	Other

4. What is your preferred method of communication in terms of your mentoring relationship?

Face-to-face                       Telephone                       E-mail

Please return this application to: AFP Manitoba, Karen Fowler, AFP Mentorship Chair, [KarenF@afpmanitoba.org](mailto:KarenF@afpmanitoba.org).

Thank you for your interest in the AFP Manitoba Mentorship Program!