



AFP Manitoba 2019 Mentor Program

AFP Partner Application

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____ E-mail: _____

I am a current AFP Manitoba member in good standing.

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 two goals you would like to accomplish with the assistance of a mentor:

- 1) _____
- 2) _____

4. Please indicate the areas for which you are seeking guidance:

<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

5. 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.

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