



Mentor Partnership Program Mentee Application and Agreement

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ E-mail: _____

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 a maximum of three measurable goals you would like to accomplish with the assistance of a mentor:

1) _____

2) _____

3) _____

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

<input type="checkbox"/> Annual Giving	<input type="checkbox"/> Board Governance	<input type="checkbox"/> Board Training
<input type="checkbox"/> Capital Campaigns	<input type="checkbox"/> Career Development	<input type="checkbox"/> Communications (Case Development)
<input type="checkbox"/> Corporate/Foundation Relations	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Donor Development
<input type="checkbox"/> Ethics	<input type="checkbox"/> Grant/Proposal Writing	<input type="checkbox"/> Major Gifts - Individuals
<input type="checkbox"/> Marketing	<input type="checkbox"/> Planned Giving	<input type="checkbox"/> Prospect Research
<input type="checkbox"/> Public Relations	<input type="checkbox"/> Special Events	<input type="checkbox"/> Sponsorships
<input type="checkbox"/> Stewardship (Donor Recognition)	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Volunteer Management	<input type="checkbox"/> Other _____	

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

☐ Face-to-face ☐ Telephone | _____



I understand my responsibilities according to the AFP-HR Mentorship Program Commitment Agreement.

I understand that I will maintain complete confidentiality with the information my mentor shares with me.

I agree to hold harmless and indemnify my mentor and AFP-HR from any and all liability resulting from guidance given and accept full responsibility for my choices and actions that result from the mentorship relationship.

I understand that the Mentoring Committee has the authority to make the decision as to whether or not I will be accepted into the AFP-HR Mentorship Program.

Signature: _____ Date: _____

Return completed application to: AFP Hampton Roads, info@afp-hr.org | P.O. Box 2338, Norfolk, VA 23501