



## Mentor Partnership Program Mentee Application and Agreement

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

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

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

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

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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 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**