



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

6. Brief personal statement:



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