



**AFP Central Virginia Chapter 2020
Member Mentoring Program Application**

Name _____ AFP Member Since _____

Position _____ Tenure _____

Organization _____

Address _____

City, State, Zip _____ Phone _____

Email _____

Years in development profession _____

What are the current most pressing challenges in your position?

What topics would you most like to explore? Please list your top five priorities in order of preference:

- 1.
- 2.
- 3.
- 4.
- 5.

What would you like to gain from participation in this program?

I understand that my participation in the Central Virginia AFP Mentoring Program is voluntary and the mentors are providing their time on a voluntary basis. I will commit to full participation in each of the scheduled meetings. I fully understand and will comply with the expectation of confidentiality of information shared at the mentoring meetings.

Signature

Date