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AFP Nova Scotia & CAGP Nova Scotia Mentee Application

The AFP Nova Scotia & CAGP Nova Scotia Chapters are delighted that you are interested the mentorship program. This program is a membership benefit offered to AFP Nova Scotia and CAGP Nova Scotia members. You are encouraged to take full advantage of this unique opportunity. Once you are matched to your mentor, it will be your responsibility to reach out to your mentor and set up at least one meeting per month. Please provide your mentor with a meeting agenda in advance to allow him/her to prepare for each meeting.

Relationships are matched for a period of one year with a three-month check in by the Mentorship Coordinator to ensure the match is the right one. Please feel out the below application. We will be in touch with you as soon as a successful match has been made.

**Contact Info**

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| --- | --- | --- | --- | --- | --- |
| Title |  | | | | |
| Name |  | | | | |
| Organization |  | | | | |
| Position |  | | | | |
| Address |  | | | | |
| City |  | Prov |  | Postal |  |
|  |  |  |  |  |  |
| Phone |  | | | | |
| Email |  | | | | |

Are you willing to make time to meet with your mentor for one hour per month?

Yes No



How many years have you been in fundraising?

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Briefly describe your educational and employment history.

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**Sector of Fundraising**

Is there a particular area of fundraising you wish to learn more about? Please check all that apply.

Annual Giving



Planned Giving



Direct Mail



Other:



Events



Donor Stewardship



Major Gift



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Please indicate three measurable goals you would like to accomplish with assistance of a mentor:

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What do you hope to get out of participating in this program?

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What are your preferences regarding a match?

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By submitting this application, you agree to following terms:

I am aware that the time commitment is for one year. I understand that some of the information that will be shared by my mentor about his/her organization can be confidential in nature and I will respect this fact. I understand that the Mentorship Committee has the authority to make the decision as to whether or not I will be accepted into the Mentorship Program.

Check here to agree



**Next steps:**

After completing this application form, email the Mentorship Chairs, and they will contact you with a match. Please do not hesitate to contact us if you have any questions. Thank you for your participation in this program.

**Mentorship Committee:**

AFP Mentorship Chair: [whitney.machin@mssociety.ca](mailto:whitney.machin@mssociety.ca)

CAGP Mentorship Chair: [siobhan.doherty@dal.ca](mailto:siobhan.doherty@dal.ca)