

AFP Nova Scotia & CAGP Nova Scotia Mentor Application

The AFP Nova Scotia & CAGP Nova Scotia Chapters are delighted that you are interested in being a mentor. This program will provide new fundraisers with a supportive environment that facilitates learning and knowledge exchange. Mentoring is a one-year commitment with a six-month review with the Mentorship Coordinator to ensure the match is suitable for both you and your apprentice.

Thank you for doing your part to grow the capacity of our sector in Nova Scotia.

**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**

Your apprentice might be interested in learning more about a certain area of fundraising and/or specific skill from their mentor. Please check the fundraising sectors and skills you are interested in mentoring:

Annual Giving



Planned Giving



Direct Mail



Other:



Events



Donor Stewardship



Major Gifts



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**Fundraising Skills**

Multitasking



Public speaking/presentations



Problem solving



Other Skills:



Leadership



Teamwork



Communication skills



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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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**References**

Please provide us one reference (professional or personal) that we can contact:

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Phone |  |
| Email |  |

By submitting this application, you agree to following terms:

I am aware that the time commitment is for one year. I understand that some information that will be shared by my mentee 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 it to the Mentorship Chairs, and they will contact you with a match. Please contact us at any time if you have any questions. Thank you for your willingness to offer your time and expertise to other fundraisers!

**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)