AFP Western New York Chapter

2019 Mentoring Partnership Program

**Application Deadline: April 24, 2019**

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

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

Daytime Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (M) (O) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to be a:  Mentor  Mentee**

1. How many years have you worked in the field? \_\_\_\_\_\_\_\_\_\_\_\_
2. How many people are in the development department where you work?

Small (< 3)  Medium (3-10)  Large (10+)

1. Please list goals to accomplish with your partnership match: *(feel free to attach additional comments)*

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1. Please indicate your areas of focus/interest

Annual Giving  Board Relations & Training  Capital Campaigns

Career Development  Communications  Consulting

Corporate Relations/Sponsorships  Direct Mail  Donor Development

Ethics  Foundation Relations  Grant Writing

Major Gifts – Individuals  Management of Staff  Marketing/Public Relations

Planned Giving  Portfolio Management  Proposal Writing

Prospect Research  Special Events  Stewardship (Donor Recognition)

Strategic Planning  Telemarketing  Volunteer Management

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your preferred method of communication for your mentoring relationship?

Face-to-face Telephone Email

(Please try not to conduct your

entire relationship via email)

I am aware that the time commitment is one year. I understand that some of the information shared by my mentor/mentee about their organization may be confidential in nature, and I will maintain confidentiality.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to AFP WNY Chapter Manager by Friday, April 24th, 2019.**

[afpwny@afpwnychapter.org](mailto:afpwny@afpwnychapter.org) – Fax: 716-887-2770 or PO Box 535, Buffalo, NY 14209