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 – Fax: 716-887-2770 or PO Box 535, Buffalo, NY 14209