## AFP-Logo_vi.jpg Mentorship Program Application – Mentee

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| **Applicant Information** |
| Full Name: |  |  |  |
|  *Last* | *First* |  |
| Address: |  |  |
|  | *Street Address*  |  |
|  |  |  |  |
|  | *City*  | *Province*  | *Postal Code* |
| Daytime Phone: |  |  Email Address: |  |
| Your Position & Organization Name: |  |

 **To be eligible for this program, mentor and mentee must commit to meeting/talking for a minimum of 1 - 2 hours per month for 11 months. Are you able to make this commitment?**

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| \_\_\_ Yes \_\_\_ No**For how long have you been involved in the fundraising profession? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| \_\_\_Annual Campaigns  | \_\_\_Major Gifts | \_\_\_Annual Giving |
| \_\_\_Corporate Sponsorship | \_\_\_Donor Cultivation | \_\_\_Stewardship and Recognition |
| \_\_\_Strategic Planning | \_\_\_Marketing/Public Relations | \_\_\_Endowments |
| \_\_\_Planned Giving | \_\_\_Board Governance | \_\_\_Web and Social Media |
| \_\_\_Capital Campaigns | \_\_\_Volunteer Management  |  |

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| **Please label the 1st, 2nd, and 3rd priority areas you would like mentorship in:** |
| \_\_\_Annual Campaigns  | \_\_\_Major Gifts | \_\_\_Annual Giving |
| \_\_\_Corporate Sponsorship | \_\_\_Donor Cultivation | \_\_\_Stewardship and Recognition |
| \_\_\_Strategic Planning | \_\_\_Marketing/Public Relations | \_\_\_Endowments |
| \_\_\_Planned Giving | \_\_\_Board Governance | \_\_\_Web and Social Media |
| \_\_\_Capital Campaigns | \_\_\_Volunteer Management  |  |

**Is there a specific goal you hope to accomplish with the help of your mentor?**

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| **Please indicate how you would prefer your mentor to share knowledge:** |
| \_\_\_ Providing general advice about Fundraising | \_\_\_ Offering advice on my experiences |
| \_\_\_ Sharing books and resources for discussion | \_\_\_ Discussing emerging trends and standards |
| \_\_\_ Providing advice about my career path | \_\_\_ Helping me understand my strengths |
| \_\_\_ Answering questions about Fundraising | \_\_\_ Sharing stories of their experiences |
| \_\_\_ Helping me understand my weaknesses | \_\_\_ Offering advice on developing my skills |

**The field of fundraising includes professionals that have a wealth of broad experience, and those who are expert specialists in a particular area.**

**Where do you picture yourself in 5 years?**

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**What size of organizations would you like information about?**

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**Please provide any other information with reference to specific experience that will assist us in making an appropriate match. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **As a mentee, it will be your responsibility to arrange monthly meetings with your mentor and set the agenda for those meetings**. \_\_\_\_\_\_\_\_\_ Yes, I confirm that I understand this

***Thank you for completing this form. Honesty and completeness will help ensure a productive match.***