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

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| **Applicant Information** |
| Full Name: |  |  |  |
|  *Last* | *First* |  |
| Address: |  |  |
|  | *Street Address*  |  |
|  |  |  |  |
|  | *City*  | *Province BC* | *Postal Code* |
| Day 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**What is your level of knowledge/experience in the below categories? (M - Minimum, G - General,** **S - Specialized :** |
| \_\_\_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 prefer to mentor:** |
| \_\_\_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  |  |

**How many years have you been in the field of Fundraising? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What experience do you have as a mentor?**

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

**Where on this spectrum would your prefer that your mentee be?**

|  |  |
| --- | --- |
| Entry level Mid-career |  Senior/specialist  |

 **It will be your mentee’s responsibility to arrange monthly meetings with you and they will set the agenda for discussion with you. Do you feel comfortable with this structure?**

\_\_\_ Yes \_\_\_ No

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