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**AFP Colorado Chapter Mentoring Program**

**2020 Mentor Application**

The AFP Colorado Chapter realizes the importance of developing and maintaining strong fundraising professionals for the continued success of the nonprofit sector. Therefore, we are proud to offer a 6-month mentoring program that engages new or early-career professionals, as mentees, by providing a transfer of knowledge and professional development through a structured relationship with an experienced professional mentor. Participation as a mentor is available to industry professionals in organizations holding at least one Chapter membership with demonstrated fundraising experience.

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

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

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Business Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Personal Phone:** \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am a current Member of AFP: Yes No I have obtained my CFRE (not required): Yes No**

**Years in Development:**\_\_\_\_\_\_\_\_\_\_ **Professional Credentials/Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Experience (Areas of expertise, size and types of organizations):**

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**The experience level of a person who would be suited to benefit from my experience would be:**

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**Rate your experience in the following: *(1=extensive; 2=moderate; 3= limited; 4=none)***

\_\_\_ Annual Campaigns/Giving \_\_\_ Board Relations

\_\_\_ Capital Campaigns \_\_\_ Corporate Relations

\_\_\_ Interpersonal Communication Skills \_\_\_ Stewardship/Individual donor cultivation

\_\_\_ Finance/Budgets \_\_\_ Foundation Relations

\_\_\_ Major Gifts \_\_\_ Marketing and Public Relations

\_\_\_ Planned Giving \_\_\_ Research

\_\_\_ Special Events \_\_\_ Staff Management

\_\_\_ Strategic Planning \_\_\_ Working w/Colleagues

\_\_\_ Volunteer Mgmt. \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In what Denver geographical area do you prefer to meet?**

\_\_\_ Central \_\_\_ Southwest

\_\_\_ Northwest \_\_\_ Southeast

\_\_\_ Northeast \_\_\_ No preference

\_\_\_ Outside of metro Denver (list community): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes, I am pleased to serve as a Mentor from March through August, 2020. I agree to communicate with my Mentee regularly during this time to meet his/her goals, attend the Kick Off Reception, and share feedback about my experience.

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

***Please return your application and resume by close of business February 26, 2020 to Meaghan Peters at mpeters@denvercasa.org. If you have any questions, please contact Meaghan at 303-832-4592 or at the email above.***