

# AFP Central Florida Chapter Mentorship Program Application for Mentees

AFP Central Florida Chapter will determine a mentor that matches your goals and objectives based on the information you provide below.

## Personal Information:

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

Contact Information:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## AFP Membership Information:

AFP membership # \_\_\_\_\_ Member since (year) \_\_\_\_\_

Have you ever volunteered for AFP activities? Please briefly describe/list below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Professional Information:

How long have you been involved in fundraising? Please include professional and volunteer service.

# of Years \_\_\_\_\_ Months \_\_\_\_\_

Current Employer: \_\_\_\_\_

Current Position: \_\_\_\_\_

What is your organization's current annual goal? \$ \_\_\_\_\_

How many fundraising staff/development staff does your organization support? \_\_\_\_\_

Please indicate the areas you are responsible for:

- |  |   |
|--|---|
| <input type="checkbox"/> Strategic planning                  | <input type="checkbox"/> Prospect Research                |
| <input type="checkbox"/> Annual giving (direct mail/on-line) | <input type="checkbox"/> Planned Giving                   |
| <input type="checkbox"/> Grant writing                       | <input type="checkbox"/> Administration of gifts/database |
| <input type="checkbox"/> Special Events                      | <input type="checkbox"/> Stewardship                      |
| <input type="checkbox"/> Major Gifts                         | <input type="checkbox"/> Volunteer management             |
| <input type="checkbox"/> Capital Campaigns                   | <input type="checkbox"/> Marketing/Public Relations       |
| <input type="checkbox"/> Board Relations                     | <input type="checkbox"/> Sponsorship                      |
| <input type="checkbox"/> Corporate/Foundation Relations      | <input type="checkbox"/> Ethics                           |

**Additional Matching Information:**

Why do you want to be in the program? What would you like to achieve? Please be brief (100 words or less). Bullet form is acceptable.

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Are you willing to accept a mentor who is only available via long distance ie: by phone or e-mail?  
Yes\_\_\_ No\_\_\_

As a mentee, you will be expected to commit at least one hour each month to communicating with your mentor. Are you able to make this time commitment?

Yes\_\_\_ No\_\_\_ If no, please indicate the amount of time that you will have available for the program.

What is your preferred method of communication for your mentoring relationship, understanding that face-to-face is the most effective?

\_\_\_ Face-to-Face                      \_\_\_ Phone                      \_\_\_ E-mail

**Deadline & Submission Requirements for Applicants:**

Applications should be e-mailed to: mail@afpcentralflorida.org

All mentors are expected to attend an orientation session, either in person or remotely.

I am aware that the time commitment is for **one year or an agreed upon length of time with mentor and mentee.** I understand that some of the information that will be shared by my mentor about his/her organization can be confidential in nature and I will respect this fact. I understand that the Mentoring Committee has the authority to make the decision as to whether or not I will be accepted into the AFP Central Florida Chapter Mentor Partnership Program.

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

*\*The information collected on this form will be used solely for the purposes of determining a match with a mentee (or mentor) and communication about said program as part of the AFP Central Florida Mentorship Program.*