

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.

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.*