



AFP Western New York Chapter 2017 Mentoring Partnership Program

Application Deadline: Friday, April 7th

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Email: _____

I would like to be a:

Mentor

Mentee

1. How many years have you worked in the field? _____

2. How many people are in the development department where you work?

Small (< 3)

Medium (3-10)

Large (10+)

3. Please list the goals you would like to accomplish:

4. Please indicate your areas of focus/interest

Annual Giving

Career Development

Corporate Relations/Sponsorships

Ethics

Major Gifts – Individuals

Planned Giving

Prospect Research

Strategic Planning

Other: _____

Board Relations & Training

Communications

Direct Mail

Foundation Relations

Management of Staff

Portfolio Management

Special Events

Telemarketing

Capital Campaigns

Consulting

Donor Development

Grant Writing

Marketing/Public Relations

Proposal Writing

Stewardship (Donor Recognition)

Volunteer Management

5. What is your preferred method of communication for your mentoring relationship?

Face-to-face

Telephone

Email

(Please try not to conduct your entire relationship via email)

I am aware that the time commitment is one year. I understand that some of the information shared by my mentor/mentee about their organization may be confidential in nature and I will respect this fact.

Signature: _____ Date: _____

Please return this form to AFP WNY Chapter Manager by Friday, April 7th.

afpwny@afpwnychapter.org – Fax: 716-887-2770 or PO Box 535, Buffalo, NY 14209