



AFP Western New York Chapter
2018 Mentoring Partnership Program

Application Deadline: Friday April 6, 2018

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:

Four horizontal lines for listing goals.

4. Please indicate your areas of focus/interest

- Grid of checkboxes for focus areas: 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 6th.
afpwny@afpwnychapter.org - Fax: 716-887-2770 or PO Box 535, Buffalo, NY 14209