



## AFP San Diego 2010 Mentor Partnership Program

### Interested In Being Mentored This Year? Please complete this Mentee Application

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

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How many years have you worked in the non-profit sector? \_\_\_\_\_

2. How many people are in the development department where you work?  
\_ Small (<3) \_ Medium (3-10) \_ Large (10+)

3. Please indicate three measurable goals you would like to accomplish with the assistance of a mentor:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4. Please indicate the areas for which you are seeking guidance:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Annual Giving                     | <input type="checkbox"/> Direct Mail              | <input type="checkbox"/> Special Events                  |
| <input type="checkbox"/> Board Governance                  | <input type="checkbox"/> Donor Development        | <input type="checkbox"/> Sponsorships                    |
| <input type="checkbox"/> Board Training                    | <input type="checkbox"/> Ethics                   | <input type="checkbox"/> Stewardship (Donor Recognition) |
| <input type="checkbox"/> Capital Campaigns                 | <input type="checkbox"/> Grant/Proposal Writing   | <input type="checkbox"/> Strategic Planning              |
| <input type="checkbox"/> Career Development                | <input type="checkbox"/> Major Gifts- Individuals | <input type="checkbox"/> Volunteer Management            |
| <input type="checkbox"/> Communications (Case Development) | <input type="checkbox"/> Marketing                | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Corporate/Foundation Relations    | <input type="checkbox"/> Planned Giving           |  |
|  | <input type="checkbox"/> Prospect Research        |  |
|  | <input type="checkbox"/> Public Relations         |  |

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

- Face-to-face                       Telephone                       E-mail

(Please try not to conduct your entire relationship via e-mail)

I am aware that the time commitment for the Mentorship Program is April through December. 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 San Diego Chapter 2010 Mentor Partnership Program.

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

Please return this application to: AFP San Diego, c/o Roxanne Shannon, 3121A Upshur Avenue, Twentynine Palms, CA 92277 by fax: (888) 423-7237 or by e-mail [roxanne.shannon@afpsd.org](mailto:roxanne.shannon@afpsd.org). Upon completion you will be contacted by the Mentorship Chair.