



## AFP San Diego 2010 Mentor Partnership Program Information From The Mentor

Name of Mentor: \_\_\_\_\_ 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 share why you want to serve as a Mentor:

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

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

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

4. Please indicate the areas for which you can provide 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<br>(Case Development) | <input type="checkbox"/> Marketing                | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Corporate/Foundation<br>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. As the mentor, I understand that some of the information I share with my mentee will be shared about my organization can be confidential in nature and I will communicate this to my mentor. I understand that the Mentoring Committee Chair will be a support to our Partnership Relationship and can be a resource for me.

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). You will be contacted by our Mentorship Chair.*