

Triangle Chapter AFP Mentoring Program Mentee Application

“Advancing philanthropy through education, training & advocacy”



The **AFP Triangle Chapter** provides chapter members with one-on-one assistance to enhance their career growth and knowledge as development professionals. Participation as a Mentee is available to members who have completed at least one year as a development professional or with permission of the Mentoring Committee Co-Chairs. Participation as a Mentor is available to all members of the AFP Triangle Chapter with demonstrated expertise in fundraising. CFRE certification is preferred but not required for Mentors.

Mentoring occurs for six-to-nine months. Initial assignment of Mentors and Mentees is performed by members of the AFP Triangle Chapter Mentoring Program Committee based on completed applications. Logistical details for the mentoring interactions are determined by the Mentor and Mentee. Mentorship typically involves at least two hours monthly. While there is no charge for this service, Mentors and Mentees are asked to complete an evaluation about their experience.

I seek to build my knowledge through personal interaction with a volunteer Mentor over a six to nine month period and will provide a progress update midway through the process and complete a survey at the conclusion of the mentorship.

Signature: _____ Date: _____

Name: _____

Organization: _____ Position: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

_____ Home Phone: _____

Months/Years in Development: _____

What would be your goals or areas of learning to be supported by the mentoring process?

Choose and rate the key areas in which you would like mentoring: (1= top priority)

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Annual Campaigns | <input type="checkbox"/> Board Relations |
| <input type="checkbox"/> Capital Campaigns | <input type="checkbox"/> Corporations |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> CFRE process |
| <input type="checkbox"/> Finance/Budgets | <input type="checkbox"/> Foundations |
| <input type="checkbox"/> Major Gifts | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Planned Giving | <input type="checkbox"/> Research |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Staff Management |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Working w/Colleagues |
| <input type="checkbox"/> Volunteer Mgmt. | <input type="checkbox"/> Other: _____ |

What type of organization do you currently work for:

- | | | |
|------------------------------------------|----------------------------------------|------------------------------------|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Arts | <input type="checkbox"/> Education |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Grass Roots | <input type="checkbox"/> Health |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> International | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Other: _____ | |

Please return this form to: AFP Triangle Chapter, P.O. Box 18343, Raleigh, NC 27619, Or Fax: 919-544-3548

If you have any questions, please contact Committee Co-Chairs, Scotti Harwood (919.544.7819 scotti@scottiharwoodassociates.com) or Cutler Andrews (919.843.7648; cutler_andrews@med.unc.edu).