

Triangle Chapter AFP Mentoring Program Mentor 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. 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 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 of their experience.

I acknowledge the need of all fundraising professionals to build their knowledge, and I volunteer to offer my services as an AFP Triangle Chapter Mentor. I will serve as a Mentor for the six-nine month agreement and 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: _____

Years in Development: _____ CFRE: ___ Yes ___ No

Please select the following:

Yes, I will be pleased to serve as a Mentor and will:

- Serve as a One-on-One mentor for 6-9 months. (kick-off event March 25, '10)
- Mentor at the "Mentoring Express" on March 31, '10
- Mentor at the "Mentoring Express" on Oct. TBA '10

What is your philosophy on philanthropy?

Rate your experience in the following:

(1=extensive, 2=moderate, 3=limited, 4=none)

- | | |
|---|---|
| <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: _____ |

Indicate the number of years you have worked with the following types of organizations:

- | | | |
|--|--|------------------------------------|
| <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).