



**AFP Capital Area of Michigan Chapter
2017 Mentor Partnership Program
AFP Mentor Application**

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

1. How many years have you worked in the sector? _____

2. How many year have you worked in your current position? _____

3. Which positions have you held?

- | | | |
|--|---|--|
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Development Director | <input type="checkbox"/> Events Director |
| <input type="checkbox"/> Volunteer Director | <input type="checkbox"/> Grant Writer | <input type="checkbox"/> Major Gifts Officer |
| <input type="checkbox"/> Corporate/Foundation Relations Director | <input type="checkbox"/> Direct Mail Coordinator | <input type="checkbox"/> Planned Giving Director |
| <input type="checkbox"/> Communications Director | <input type="checkbox"/> Annual Campaign Director | <input type="checkbox"/> Board Member |

4. In what size development departments have you worked? (You may select more than one)

- Small (<3) Medium (3-10) Large (10+)

5. Please indicate the areas for which you are able to provide mentoring:

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

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

- Face-to-face Telephone E-mail

I am aware that the time commitment is for a minimum of six months and up to one year. I understand that some of the information that will be shared by my mentee 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 Capital Area of Michigan Chapter 2017 Mentor Partnership Program.

Signature: _____ Date: _____

Please return this application to: Sharon Castle, Mentor Partnership Program Chair, sic6061@gmail.com or, if you have questions please call 517.881.6407.