



Mentorship Program – Mentee Application Form

Name	
Title	
Organization	
Phone	
Email	
Address	

Please check: AFP Golden Horseshoe Member Years of fundraising experience: _____

Do you have CFRE accreditation? _____ If so, year attained _____

My organization’s mandate focuses on:

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Education | <input type="checkbox"/> Environment | <input type="checkbox"/> Health |
| <input type="checkbox"/> Society/Public Benefit | <input type="checkbox"/> Religion | <input type="checkbox"/> Other _____ | |

My organization’s annual fundraising goal:	\$
My team/personal fundraising goal:	\$

Total number of fundraising staff:		Number of staff whom report to me:	
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Please indicate which functions your organization uses, which you are involved with, and which you wish to develop through mentorship:

- | | | | |
|----------------------------|---------------------------------------|-----------------------------|----------------------------------|
| Annual giving | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Major gifts | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Planned giving | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Special events | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Prospect research | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Corporate sponsorship | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Grant writing | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Marketing & communications | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Board/volunteer management | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |
| Leadership and management | <input type="checkbox"/> organization | <input type="checkbox"/> me | <input type="checkbox"/> develop |

Please list your top 3 areas that you hope to learn more about through a mentor.

1. _____ 2. _____ 3. _____

Comments: _____

Please complete and return this form to info@afpgoldenhorseshoe.org.
 A member of the Mentorship Committee will contact you for a brief consultation regarding your professional development goals.