



## Mentorship Program – Mentor 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 share your knowledge with your mentee:**

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

Please list what you believe to be your top 3 strengths for mentoring an individual.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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