# Personal Information:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  | Postal Code: |  |
| Phone: |  | Email: |  |
| LinkedIn Profile: |  |  |  |

# AFP Membership Information:

|  |  |
| --- | --- |
| AFP Membership #: |  |
| Member Since (year): |  |
| Have you ever volunteered for AFP activities? (If yes, please briefly describe/list below) |

# Professional Information:

|  |
| --- |
| How long have you been involved in fundraising for? Please include ‘professional’ and ‘volunteer’ service |
| Number of Years: |  | Number of Months: |  |

|  |  |
| --- | --- |
| Current Employer: |  |
| Current Position: |  |
| What is your organization’s current annual goal? | $ |
| How many fundraising staff/development staff does your organization support? |  |
| Does your employer support your participation in this program?  |  |
|[x]  Yes |[ ]  No  |

**Please indicate the areas of fundraising that you are responsible for:**

|  |  |
| --- | --- |
|[ ]  Administration of Gifts / Database |[ ]  Selling Items/Merchandise |
|[ ]  Annual Giving (Direct Mail / On-line) |[ ]  Special Events |
|[ ]  Executive Management |[ ]  Sponsorship |
|[ ]  Human Resources |[ ]  Stewardship |
|[ ]  Gaming |[ ]  Strategic Planning |
|[ ]  Governance |[ ]  Volunteer Management |
|[ ]  Grant Writing |[ ]  Working with the Board |
|[ ]  Major Gifts |[ ]  3rd Party Fundraising |
|[ ]  Planned Giving |[ ]  Other (please specify):  |

# Additional Matching Information:

|  |
| --- |
| Why do you want to be in this program? What would you like to achieve? Please be brief (100 words or less). Bullet form is acceptable. |
|  |

**Please indicate any specific areas you are interested in developing:**

|  |  |
| --- | --- |
|[ ]  Administration of Gifts / Database |[ ]  Selling Items/Merchandise |
|[ ]  Annual Giving (Direct Mail / On-line) |[ ]  Special Events |
|[ ]  Executive Management |[ ]  Sponsorship |
|[ ]  Human Resources |[ ]  Stewardship |
|[ ]  Gaming |[ ]  Strategic Planning |
|[ ]  Governance |[ ]  Volunteer Management |
|[ ]  Grant Writing |[ ]  Working with the Board |
|[ ]  Major Gifts |[ ]  3rd Party Fundraising |
|[ ]  Planned Giving |[ ]  Other (please specify):  |

|  |
| --- |
| Are you willing to accept a mentor who is only available via distance - i.e.: by phone or email? |
|[ ]  Yes |[ ]  No |

|  |
| --- |
| As a mentee, you will be expected to commit at least one to two hours each month to communicating with your mentor. Are you able to make this time commitment? |
|[ ]  Yes |[ ]  No  |
| *If no, please indicate the time you will have available for the program:* |
| It will be the mentee’s responsibility to arrange monthly meetings, and set the agenda for discussion with their mentor. Do you feel comfortable with this structure? |
|[ ]  Yes |[ ]  No  |

# Deadline & Submission Requirements for Applicants:

Please email this **application**, your **resume** and one letter of **reference** to:

***Mentorship Program Chair***

***c/o Lorie Abernethy, MA, CFRE***

***Chapter Executive Di***

***AFP Calgary & Area Chapter***

info@afpcalgary.com

***403. 297.1033***

Applications are taken on an ongoing basis and will be responded to within 10 business days. Mentors and mentees will be matched based on the entirety of their applications, proximity and availability. Mentors will be notified of potential matches by the Mentorship Program Chair via email.

All mentors and mentees are expected to review assigned online mentorship resources prior to starting the program. All mentors and mentees are expected to complete a post program survey to assist in the ongoing evaluation and improvement of the AFP Calgary and & Area Mentorship Program.

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 *Note: The information collected through the application process will be used solely for the purposes of determining a match with a mentee or mentor, and communication about this program with the AFP Calgary & Area Chapter.*