AFP - SOUTHEASTERN WISCONSIN CHAPTER

MENTORING PROGRAM APPLICATION

Partner Application (please mark one)
 Mentor Mentee

Thank you for your interest in the 2021-2022 mentorship program. AFP Southeastern Wisconsin Chapter will determine your best placement for the Mentoring Program based on the information you provide below. Please include a copy of your current resume with your application.

## Personal Information

Name: Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFP Membership Information (You must be an active AFP member to participate)

AFP membership # Member since (year):

Have you ever volunteered for AFP activities? Please briefly describe/list below.

## Professional Information

How long have you been involved in fundraising? Please include professional and volunteer service

 # of years Months

How many people are in the development department where you work?

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

Please indicate three measurable goals you would like to accomplish with the assistance of a mentor. If you are applying to be a mentor, please indicate what your expectations are:

 1)

 2)

 3)

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

 Face-to-face Telephone E-mail (Please try not to conduct your entire relationship via email)

Best time to meet (mark all that applies): Mornings Noon Afternoon

Please indicate the areas for which you are seeking guidance. If you are a mentor, please indicate all areas that you have experience/expertise in. (Mark all that applies):

\_\_\_ Annual Giving

\_\_\_ Case Statements

\_\_\_ Direct Mail

\_\_\_ Endowments

\_\_\_ Major Gifts – Individuals

\_\_\_ Planned Giving

\_\_\_ Sponsorship

\_\_\_ Board Development

\_\_\_ Career Development

\_\_\_ Donor Acquisition

\_\_\_ Ethics

\_\_\_ Marketing / Branding

\_\_\_ Prospect Research

\_\_\_ Strategic Planning

\_\_\_ Fund Development Plans

\_\_\_ Capital Campaigns

\_\_\_ Corporate/Foundations \_\_\_ Relations

\_\_\_ Donor Stewardship

\_\_\_ Grant/Proposal Writing

\_\_\_ Online Fundraising

\_\_\_ Special Events

\_\_\_ Volunteer Management

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Matching Information: (\*\*Please submit your response in a separate sheet of paper).

Mentees:

Why do you want to be in the program? What do you expect to achieve from the program? Please be brief (100 words or less). Bullet form is acceptable.

Mentors:

Why do you want to be a mentor? What do you think you can offer to a mentee? Please be brief (100 words or less). Bullet form is acceptable.



I am aware that the time commitment is for a minimum of 10 hours October 2021-June 2022. I understand that some of the information that will be shared by my mentor/mentee about his/her organization can be confidential in nature and I will respect this fact. I understand that the Mentoring Program Committee has the authority to make the decision as to whether or not I will be accepted or not the AFP Southeastern Wisconsin Chapter Mentoring Program.

Signature: \_\_ Date:

Please return this application via email to: chapteradmin@afpsewi.org

Application and resume must be received no later than 4:00pm Friday, September 30, 2021. A maximum of 10 mentees & 10 mentors will be selected and matched for the program. You will be notified by the Mentoring Program Committee via e-mail on October 1.

Please direct any questions to Committee Chair, Patrick Snyder psnyder@bizstarts.com

**All mentors and mentees are expected to attend the orientation session and kick off October 7.**

Make sure you have the following documents: \_\_\_ Application (filled and signed) \_\_\_ Resume

\_\_\_ Response to additional information requested

\*The information collected on this form will be used solely for the purpose of determining a match with a mentee (or mentor) and communication about said program as part of the AFP Southeastern Wisconsin Mentoring Program.