



Association of Fundraising Professionals  
Washington DC Metro Area Chapter

**Mentoring Program 2005**

**Mentee Application**

'Learn One, Teach One, Do One'

The AFP/DC Mentoring Program provides chapter members with one-on-one assistance to enhance their knowledge and skills as development professionals. **Participation as a Mentee is available to members of AFP/DC who have worked as a full-time paid development professional for at least one year.** Participation as a Mentor is available to members of AFP/DC with demonstrated expertise in fundraising. CFRE certification is preferred for Mentors, who receive 10 points toward CFRE certification or recertification. Participation is contingent upon the identification of an appropriate match.

Mentorships take place for one year, with the details of the interaction determined by the Mentor and Mentee. A mentorship typically involves monthly contact. While there is no charge for this membership benefit, at the conclusion of the mentorship, both parties are asked to submit an evaluation of the mentorship. The Mentoring Program is not intended to substitute for formal consulting services. AFP/DC encourages the hiring of professional counsel for institutional development.

**\_\_\_\_\_ I seek to build my skills in fundraising through personal interaction with a volunteer Mentor for one year, and will report to AFP/DC at the conclusion of the mentorship.**

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

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AFP Membership Number:** \_\_\_\_\_ **Years (full-time) in Development:** \_\_\_\_\_

**1) With what type of organization do you currently work?**

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Arts          | <input type="checkbox"/> Education    | <input type="checkbox"/> Grassroots Advocacy | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Health        | <input type="checkbox"/> Religious    | <input type="checkbox"/> Social Services     | <input type="checkbox"/> Animal Rights |
| <input type="checkbox"/> International | <input type="checkbox"/> Human Rights | <input type="checkbox"/> Other: _____        |  |

**2) Choose and rate the top 3 areas in which you would like to receive mentoring (1 = top priority):**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Annual Fund     | <input type="checkbox"/> Capital Campaigns    | <input type="checkbox"/> Major Gifts              | <input type="checkbox"/> Planned Gifts   |
| <input type="checkbox"/> Direct Mail     | <input type="checkbox"/> Membership           | <input type="checkbox"/> Corporations             | <input type="checkbox"/> Foundations     |
| <input type="checkbox"/> Small Shops     | <input type="checkbox"/> Special Events       | <input type="checkbox"/> Publications             | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Board Relations | <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Work Colleague Relations |  |
| <input type="checkbox"/> Other: _____    |   |   |  |

**3) Skills/knowledge you hope to gain from this program:** \_\_\_\_\_

**Thanks to *The Sheridan Group* for sponsoring the Mentoring Program.**