

AFP Dallas Chapter Mentorship Program Application for Mentees

The Association of Fundraising Professionals (AFP) represents 30,000 members in more than 240 chapters globally, working to advance philanthropy through advocacy, research, education, and certification programs.

The goal of the AFP Dallas Chapter Mentorship Program is to foster peer-to-peer relationships between new and seasoned fundraising professionals. It is expected that a minimum of 1-hour per month should be dedicated to meeting with your mentor to advance your professional goals as a fundraiser. We will review your application to find an appropriate match given your background and interests. Mentees should have five years or less experience in fundraising.

Please fill out this form, save it, and email it to the AFP office at afpchapteroffice@afpdallas.org.

Contact Information:

| Name: | |
|--|------------------------|
| Address: | |
| Phone: | E-mail: |
| AFP Membership Information: | |
| AFP membership # | Member since (year) |
| Have you ever volunteered for AFP activities? Please briefly | y describe/list below. |
| | |
| | |
| Professional Information: | |
| How long have you been involved in fundraising? Years: _ | Months: |
| Current Employer: | |
| Current Position: | |
| What is your organization's current annual goal? \$ | |
| How many fundraising staff/development staff does your org | ganization support? |

Please indicate the areas you are responsible for:

| Annual Giving (Direct Mail/On-line) | Grant Writing |
|-------------------------------------|------------------------|
| □ Special Events | ☐ Major Gifts |
| □ Working with a Board | □ Planned Giving |
| □ 3 rd Party Fundraising | Database Management |
| Stewardship/Donor Relations | U Volunteer Management |
| Selling Items/Merchandise | □ Sponsorship |
| □ Gaming | □ Strategic Planning |
| Capital Campaign | |

Additional Information:

Briefly describe in 100 words or less why you want to be in the mentorship program. What would you like to achieve? (Bullet form is acceptable)

| Are you willing t | o accept a mentor who is only available via long distance (by phone, video conference, or e-mail)? |
|---------------------------------|---|
| □ Yes | 🗖 No |
| | will be expected to commit at least one hour each month to communicating with your mentor. Are you time commitment? |
| □ Yes | □ No If no, how much time are you able to commit to the program monthly? |
| Do you already h | ave a mentor who has agreed to participate with you in this program? If yes, please indicate their name. |
| 🗖 Yes | Your Mentor's Name: |
| | Is your Mentor an AFP Member? Yes No |
| | bmission Requirements for Applicants: nust be received by March 28, 2025. Mentees will be notified via e-mail of their mentor placement. |
| | estions, please contact: ri, Mentoring Program Co-Chair .org |
| Nikki West, Me Nikkiwest0524 | entoring Program Co-Chair @gmail.com |

*The information collected on this form will be used solely for the purposes of determining a match with a mentor and communication about said program as part of the AFP Dallas Chapter Mentorship Program.