

**Contact Information:** 

## AFP Dallas Chapter Mentorship Program Application for Mentors

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 mentee to help advance their professional goals as a fundraiser. We will review your application to find an appropriate match given your background and interests. Mentors should have five years or more experience in fundraising.

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

Name:	
Phone:	
AFP Membership Information:	•
AFP membership #	Member since (year)
Have you ever volunteered for AFP activ	vities? Please briefly describe/list below.
<b>Professional Information:</b>	
How long have you been involved in fur	ndraising? Years: Months:
Current Employer:	
Current Position:	
What is your organization's current annu	ual goal? \$
How many fundraising staff/developmer	nt staff does your organization 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 <sup>rd</sup> Party Fundraising	☐ Database Management	
☐ Stewardship	☐ Volunteer Management	
☐ Selling Items/Merchandise	☐ Sponsorship	
☐ Gaming	☐ Strategic Planning	
☐ Capital Campaign		
Additional Information:		
to achieve. (Bullet form is acceptable)		
Are you willing to accept a mentee who is only avail  Yes No	lable via long distance (by phone or email)?	
As a mentor, you will be expected to commit at least you able to make this time commitment?	t one hour each month to communicating with your mentee. Are	
☐ Yes ☐ No If no, how much time are you able to commit to the program monthly?		
Would you be willing to have more than one match	or mentee?  \( \sum \) Yes \( \sum \) No	
Do you already have a mentee who has agreed to parname.	rticipate with you in this program? If yes, please indicate their	
☐ Yes Your Mentee's Name:		
Deadline & Submission Requirements for Appl Applications must be received by March 7, 202	<u>icants:</u> 5. You will be notified via e-mail of your mentee placement	
If you have questions, please contact:		
Shelly Gammieri, Mentoring Program Co-Chair gammieris@ajc.org	r	
Nikki West, Mentoring Program Co-Chair Nikkiwest0524@gmail.com		

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