



AFP Colorado Chapter Mentoring Program 2017 Mentor Application

The AFP Colorado Chapter realizes the importance of developing and maintaining strong fundraising professionals for the continued success of the nonprofit sector. Therefore, we are proud to offer a 6-month mentoring program that engages new or early-career professionals, as protégés, by providing a transfer of knowledge and professional development through a structured relationship with an experienced professional mentor. Participation as a mentor is available to industry professionals in organizations holding at least one Chapter membership with demonstrated fundraising experience (7+ years and CFRE certification is preferred but not required).

Name: _____ Title: _____

Organization: _____

Address: _____ Business Phone: _____

_____ Email: _____

City, State, Zip: _____ Personal Phone: _____ - _____

I am a current Member of AFP: Yes No I have obtained my CFRE (not required): Yes No
Years in Development: _____ Professional Credentials/Degree _____

Summary of Experience (Areas of expertise, size and types of organizations):

The job title/experience level of a person who would be suited to benefit from my experience would be:

Rate your experience in the following: (1=extensive; 2=moderate; 3= limited; 4=none)

- | | |
|---|---|
| <input type="checkbox"/> Annual Campaigns/Giving | <input type="checkbox"/> Board Relations |
| <input type="checkbox"/> Capital Campaigns | <input type="checkbox"/> Corporate Relations |
| <input type="checkbox"/> Interpersonal Communication Skills | <input type="checkbox"/> Stewardship/Individual donor cultivation |
| <input type="checkbox"/> Finance/Budgets | <input type="checkbox"/> Foundation Relations |
| <input type="checkbox"/> Major Gifts | <input type="checkbox"/> Marketing and Public Relations |
| <input type="checkbox"/> Planned Giving | <input type="checkbox"/> Research |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Staff Management |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Working w/Colleagues |
| <input type="checkbox"/> Volunteer Mgmt. | <input type="checkbox"/> Other: _____ |

In what Denver geographical area do you prefer to meet?

- | | |
|--|--|
| <input type="checkbox"/> Central | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Northwest | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Outside of metro Denver (list community): _____ | |

Yes, I am pleased to serve as a Mentor from March through August, 2017. I agree to communicate with my Protégé regularly during this time to meet his/he goals, attend the Welcome Workshop, and share feedback about my experience.

Signature: _____ Date: _____

Please return this form by February 13, 2017 to Jan Hubert at janet.hubert@sclhs.net. If you have any questions, please contact Jan at 303-246-1946 or at the email above.