



AFP Colorado Chapter Mentoring Program
2017 Protégé 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, as a benefit of membership, 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 protégé is available to all members of the Chapter who are currently working in the development profession for at least one year and up to four years.

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

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

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Personal Phone: \_\_\_\_\_ - \_\_\_\_\_

I am a current Member of AFP: Yes No

# of Years in Development: \_\_\_\_\_ Professional Credentials/Degree \_\_\_\_\_

Summary of Experience: Please attach a copy of your resume

Professional Areas of Interest within the Sector: \_\_\_ Human Services \_\_\_ Healthcare \_\_\_ Education
\_\_\_ Animal Welfare \_\_\_ Conservation \_\_\_ Religious Organizations \_\_\_ Trade Organizations
\_\_\_ Other: \_\_\_\_\_ (please list)

Please list your top three goals for working with your mentor:

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

We highly encourage you to discuss your desire to participate in the Mentoring Program with your supervisor. Together, you and your mentor will determine your time commitment.

Please indicate if your supervisor supports your participation: Yes No

Rate the key areas in which you are seeking guidance: (1=top priority; 2=priority; N/A=not important)

- \_\_\_ Annual Campaigns/Giving \_\_\_ Board Relations
\_\_\_ Capital Campaigns \_\_\_ Corporate Relations
\_\_\_ Interpersonal Communication Skills \_\_\_ Stewardship/Individual donor cultivation
\_\_\_ Finance/Budgets \_\_\_ Foundation Relations
\_\_\_ Major Gifts \_\_\_ Marketing and Public Relations
\_\_\_ Planned Giving \_\_\_ Research
\_\_\_ Special Events \_\_\_ Staff Management
\_\_\_ Strategic Planning \_\_\_ Working w/Colleagues
\_\_\_ Volunteer Mgmt. \_\_\_ Other: \_\_\_\_\_
\_\_\_ CFRE accreditation process

In what Denver geographical area do you prefer to meet?

- \_\_\_ Central \_\_\_ Southwest
\_\_\_ Northwest \_\_\_ Southeast
\_\_\_ Northeast \_\_\_ I have no preference

Yes, I seek to build my knowledge through personal interaction with a volunteer mentor from March to August, 2017, attending the welcome workshop, and will provide 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.