AFP Greater Cleveland Chapter Mentor Application Form

The AFP Greater Cleveland Chapter provides chapter members with one-on-one assistance to enhance their knowledge and skills as development professionals. Participation as a mentee is available to AFP Greater Cleveland Chapter members who have worked as a full-time paid development professional at a nonprofit organization for a minimum of one year. Participation as a mentor is available to all members of the AFP Greater Cleveland Chapter who have at least 5 years of development experience. CFRE certification is preferred but not required. The program is intended for personal professional growth, not for long-term or extensive organizational assistance.

Mentoring occurs for a one year time period. Initial assignment of mentors and mentees is performed by members of the AFP Greater Cleveland Chapter Membership Committee based on completed applications. Details of the interaction are determined by the mentor and mentee, but it is anticipated that mentoring typically involves about two hours per month. While this is a benefit of membership in the AFP Greater Cleveland Chapter and there is no charge for the services, both mentors and mentees are required to complete an evaluation form at the conclusion of the mentoring period.

Name:	AFP Membership Number:			
# Years full-time in development:	# Years held CFRE:			
Employer:	Title:			
Address:				
City:	Zip Code:			
Phone:	Email:			
# of Development Staff:	Organization Budget:			

Please list the number of years you have worked in the following types of organizations:

Animal Rights

Health

Other

Education

International

Advocacy

Environmental

Social Services

Arts

Grassroots

Religious

Rate your experience in the following: (1 = extensive, 2 = moderate, 3 = limited, 4 = none):						
Fundraising:	Annual Giving		g	Career (Counseling	
Capital Campaigns	Corporations			Direct Mail		
Foundations	Ma	Major Gifts		Membership		
Planned Giving	Proposal \	Writing	Researd	ch		
Special Events	Sp	Sponsorships		Working with CEO		
Other:						
Public Relations: N	1edia Relati	ons	Publica	tions		
Consituency Developme	<u>ent</u> : Alu	umni B	oard	Community	Volunteer	
Please indicate programmatic strengths you bring to a mentoring relationship:						
Why do you want to participate in this program?						
	ices to AFP	Greater Cl	eveland a	s a mentor. If a	ally build their skills and ppropriately matched, I do not the mentoring	
Name: [Date:					
Please attach your current resume or CV to your mentor application.						

For questions, contact Deborah Miller, CFRE, Mentoring Chair @ 216-721-1600 or dmiller@holdenfg.org

Please email form to: admin@afpcleveland.org