**ASSOCIATION OF FUNDRAISING PROFESSIONALS**

**AUSTIN CHAPTER**

#  MENTORSHIP PROGRAM

**Mentor Application**

**CFRE:** [ ]  Yes [ ]  No

**Name:**       **Current AFP Austin Member:** [ ]  Yes [ ]  No

**Title:**      **Email:**

**Organization:**

**Organization Address:**

**Home Address (optional):**

**Telephone(s) Office:**       **Cell:**
I have access to a car and am willing to travel to meet my protégé: [ ]  Yes [ ]  No

My travel time by car should be no more than: [ ] No preference [ ] 30 minutes [ ] 60 minutes

I am willing to travel: [ ] No preference or *(check all that apply)* [ ] North [ ] South [ ] East [ ] West

**A COPY OF YOUR CURRENT RESUME IS REQUIRED WITH THIS APPLICATION**

**Years in Development:**

**SPECIAL INTEREST:** Check those of interest to you:

[ ]  I am interested in coaching someone in diversifying their skills

[ ]  I can assist someone who wants to add racial/cultural diversity to their board and donor base

[ ]  I would like to assist someone charting his or her career path

[ ]  I am willing to serve as a resource for someone new to the area for specific projects

[ ]  Other

**THREE STRENGTHS I BRING TO THIS RELATIONSHIP:**

1)

2)

3)

What would you look for in an ideal protégé both personally and professionally? (use as much space as you like)

[ ]  I have read the program details and am committed to participating for one full year.

Signature:      Date:

**Please EMAIL this application and a copy of your resume to** **mentorship@afpaustin.org**