



AFP Greater Toronto Chapter
2010 Mentor Partnership Program
AFP Partner Application

Name: Title:

Organization:

Address:

Telephone: Fax: E-mail:

1. How many years have you worked in the sector?

2. How many people are in the development department where you work?

- Small (<3) Medium (3-10) Large (10+)

3. Please indicate three measurable goals you would like to accomplish with the assistance of a mentor:

- 1)
2)
3)

4. Please indicate the areas for which you are seeking guidance:

- Annual Giving, Capital Campaigns, Corporate/Foundation Relations, Ethics, Marketing, Public Relations, Stewardship (Donor Recognition), Volunteer Management, Board Governance, Career Development, Direct Mail, Grant/Proposal Writing, Planned Giving, Special Events, Strategic Planning, Other, Board Training, Communications (Case Development), Donor Development, Major Gifts - Individuals, Prospect Research, Sponsorships, Telemarketing

5. What is your preferred method of communication in terms of your mentoring relationship?

- Face-to-face Telephone E-mail (Please try not to conduct your entire relationship via e-mail)

I am aware that the time commitment is for one year. I understand that some of the information that will be shared by my mentor about his/her organization can be confidential in nature and I will respect this fact. I understand that the Mentoring Committee has the authority to make the decision as to whether or not I will be accepted into the AFP Greater Toronto Chapter 2008 Mentor Partnership Program.

Signature: Date:

Please return this application to: AFP Greater Toronto Chapter, c/o Cynthia Quigley, Manager Administration by fax: 416-941-9013 or by e-mail cquigley@afptoronto.org