**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**](mailto:mentorship@afpaustin.org)