**ASSOCIATION OF FUNDRAISING PROFESSIONALS**

**GREATER AUSTIN CHAPTER**

# MENTORSHIP PROGRAM

**Protégé 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 mentor: [ ]  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 MENTORING INTERESTS:** Check the reasons you are seeking a mentor:

[ ]  I am interested in diversifying my development skills

[ ]  I am interested in increasing racial/cultural diversity among my board, volunteer and donor base.

[ ]  I would like assistance charting my career path.

[ ]  I am new to the area and need to build a network of people for assistance for specific projects.

[ ]  Other

I would like to be elected to participate for the following reasons (use as much space as you wish):

Please indicate three specific measurable goals you would like to accomplish with the assistance of a mentor (use as much space as you wish)

[ ]  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**