

AFP NASHVILLE MENTORING PROGRAM

2010 Mentoring Program Mentor Application

Participation as a *Mentor* is available to AFP Nashville Chapter members who have demonstrated expertise and experience in various areas of fundraising for five or more years. The program is intended for personal professional growth.

I acknowledge the need of all fundraising professionals to continually build their skills and offer my services as an AFP Nashville Mentor. If appropriately matched, I will serve as a Mentor and report back to AFP Nashville at the conclusion of the mentorship in December 2010.

Signature: _____ Date: _____

Name: _____

Title: _____

Employer: _____

Address: _____

Office Phone: _____ Fax: _____

E-mail: _____

Focus of Organization: _____

Budget: _____ # of Development staff: _____

AFP Membership Number: _____ Years in Development: _____

CFRE: __yes __no

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

Arts Education Grassroots Advocacy Environmental
 Health Religious Social Services Animal Rights
 International Human Rights Other: _____

**2. Please rate your experience in the following areas as:
1=extensive, 2=moderate, 3=limited, 4=none**

Fundraising: Annual Fund Capital Campaign Major Gifts
 Planned Gifts Direct Mail Special Events
 Foundations Corporations Membership
 Grant Writing Other: _____

Public Relations: Media Relations Publications

Constituency Development: Board Alumni Community Volunteer

3. Indicate particular programmatic strengths you bring to this program:

4. Why do you want to participate in this program?

Attach your current resume to your mentee application.

Please return the completed form to:

Sara Thompson
Development Director
Nashville Children's Theatre
25 Middleton Street
Nashville, TN 37210
sthompson@nashvillechildrenstheatre.org
Phone: 615/252-4661 Fax: 615/254-3255