



Mentorship Program Application

AFP Central Florida Chapter will determine a match for goals and objectives based on the information you provide below.

Applying as ☐ a Mentee (Emerging Professional) ☐ a Mentor (Seasoned Professional)

Personal Information:

Name: _____

Address: _____

Phone: _____ E-mail: _____

AFP Member Information

AFP membership # _____ Member since (year) _____

Have you ever volunteered for AFP activities? Please briefly describe/list below.

Professional Information:

How long have you been involved in fundraising?

In a professional role: # of Years _____ Months _____

In a volunteer role: # of Years _____ Months _____

Current Employer: _____

Current Position: _____

What is your organization's current annual fundraising goal? \$ _____

How many fundraising staff/development staff does your organization support? _____

Please indicate the areas you are responsible for:

- | | |
|--|---|
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Prospect Research |
| <input type="checkbox"/> Annual giving (direct mail/on-line) | <input type="checkbox"/> Planned Giving |
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Administration of gifts/database |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Stewardship |
| <input type="checkbox"/> Major Gifts | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Capital Campaigns | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Board Relations | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Corporate/Foundation Relations | <input type="checkbox"/> Ethics |

Additional Matching Information:

Why do you want to be in the mentorship program? What would you like to achieve? Please be brief (100 words or less). Bullet form is acceptable.

Are you willing to accept a mentee/mentor who is only available remotely ie: via virtual (Zoom/Teams), phone or e-mail?

Yes_ No_

Are you willing and available to commit at least one hour each month to this mentorship between March and November as well as the Kickoff, Mid-term and Wrap Sessions (each 1-hour virtual sessions)?

Yes_ No_

What is your preferred method of communication for your mentoring relationship, understanding that face-to-face is the most effective?

☐

Face-to-Face

☐

Virtual/Phone

Deadline & Submission Requirements for Applicants: February 12, 2026

Applications should be e-mailed to: mail@afpcentralflorida.org

All participants are expected to attend (all at 12 noon and virtual) Kickoff session: **February 27, 2026**

Mid-term session: **June 3, 2026**

Wrap session: **November 18, 2026**

I am aware that the time commitment is at least one hour per month for nine months between March and November in addition to an orientation session. I understand that some of the information shared by my mentor/mentee's organization can be confidential in nature and I will respect this and comply with this confidentiality. 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 Central Florida Chapter Mentorship Program.

Signature: _____ Date: _____

**The information collected on this form will be used solely for the purposes of determining a mentee/mentor match and communication about said program as part of the AFP Central Florida Mentorship Program.*