



## **AFPOC 2009 Mentee Application**

Yes  No - **Current AFP OC Member?**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone(s) Day:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Years in Fundraising:** \_\_\_\_\_

**Please indicate why you would like to participate as a mentee.**

**What specific skills you would like to develop or goals you would like to achieve?**

**Please indicate if you have any travel preferences or other limitations for meetings with your mentor?**

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**Please EMAIL this application and a letter from your supervisor to [nicoles@ocgoodwill.org](mailto:nicoles@ocgoodwill.org).  
For more information, please contact Nicole Suydam at (714) 547-6308 ext. 311.**