



## AFPOC 2009 Mentor Application

Yes  No - **CFRE?**

Yes  No - **Current AFP Orange County Member?**

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

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

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

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

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

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

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

**Check those of interest to you as a mentor:**

- I am interested in mentoring someone who is new to the profession.
- I am interested in mentoring a mid-level professional who wants to expand their skills.
- Other

**MY AREA(S) OF FUNDRAISING EXPERTISE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What are your key strengths as a fundraising professional?**

**Please indicate any travel preferences or other limitations you have for meetings with your mentee.**

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**Please EMAIL this application and a copy of your bio or resume to [nicoles@ocgoodwill.org](mailto:nicoles@ocgoodwill.org).**

**For more information, you may also contact Nicole Suydam at 714.547.6308 ext. 311.**