**ASSOCIATION OF FUNDRAISING**



 **PROFESSIONALS CHICAGO CHAPTER**

# PEER MENTORING PROGRAM

**Protégé Application**

**CFRE:** [ ]  Yes [ ]  No

**Name:**       **Current AFP Chicago Member:** [ ]  Yes [ ]  No

**Title:**      **Email:**

**Organization:**

**Organization Address:**

**Home Address (optional):**

**Telephone(s) Day:**       **Eve:**
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)

[ ]  Please **do not** include my match information in the “Members On The Move” section of the AFP Chicago newsletter.
[ ]  If selected, I will attend the mandatory kick-off event. (Details available on our website.)

[ ]  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 peer-mentoring@afpchicago.org**

or mail it to AFP Chicago Chapter Office; 1717 North Naper Blvd, Suite 102, Naperville, IL 60563

A very special thank you to our sponsor:

