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| CONTACT INFORMATION: | | | | |
| Name: | | | | |
| Organization: | | Title: | Current Member of  AFP Chicago (Yes/No): | |
| Organization Address: | | | | |
| City: | State: | | ZIP Code: | |
| Home Address: | | | | |
| City: | State: | | ZIP Code: | |
| Telephone: (Day): | Telephone: (Evening/Cell): | | | Years in  Development: |
| Email Address: | | | | |
| 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 mins  60 mins  No preference  30 mins  60 mins | | | | |
| I am willing to travel:  No preference or (*check all that apply*)  North  South  West  East | | | | |
| 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: | | | | |
| Please indicate three specific measurable goals you would like to accomplish with the assistance of a mentor *(use as much space as you need):* | | | | |
| 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 of applicant: | | | | 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: