



Mentoring Services

The mentor program encourages informal and confidential working relationships between experienced members of the fundraising profession (mentors) and those who are new to the profession, or who are seeking guidance and advice in their careers (mentorees) Those who participate in the program must be members of AFP Maryland. The mentor may help the mentoree with questions related to: development activities/methods, identifying needed resources, and career advice, as well as serving as a sounding board on specific fundraising concerns. Once the Mentoring Committee matches a mentor to a mentoree, the mentoree will initiate contact with the mentor. The matched pair will jointly agree on frequency, duration and style of communication (in-person, telephone, email, or a mix).

Mentors are available for a one-time consultation and longer terms (maximum 12 month). A mentoree whose employer needs programmatic assistance or long-term consultation is encouraged to hire professional counsel.

AFP-MD Mentoree Application

Name _____ Office Phone _____

Title _____ Employer _____

Address _____ City _____ State _____ Zip _____

E-mail _____

1. Total years in fundraising ____ Total years in AFP ____ Number of years in current job: ____

2. The main area of fundraising you seek advice: Please check all that you have responsibility for in your current job:

- Annual Fund Grant Writing Corporate Support Government Support
- Capital Campaign Planned Giving Special Events Board Development
- Managing Staff Major Gifts Daily operations of development office

3. What specific environment: What kind of organization do you work for?

- Healthcare University Religious Environmental
- Human Services Secondary Education Other (describe): _____
- Arts/Culture/Humanities

4. Do you seek: one-time consultation longer term relationship (not to exceed 12 months)

5. What skills/knowledge do you hope to gain from this program? Please note if you are seeking general or specific information/support (may use back of page or add a page for comments):

Please complete and return this form to:

Dennis Narango, CFRE
University of Maryland, School of Medicine
100 North Green Street, Ste 600
Baltimore, MD 21201 Phone: (410) 706-5489
Fax: (410) 706-2995
dnarango@som.umaryland.edu

Committee Use Only:

Date of Match Notification: _____
Date of Match Notification: _____
Committee Member Assigned for Follow-Up: _____
Date Initial Follow-Up Call Completed _____
Date of One Year Evaluation Contact _____
Evaluation Completed _____