



Minnesota Chapter

Apra-MN Mentoring Program

Date: _____

Apply to be: **Mentor** **Mentee** (Choose one)

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ **E-mail:** _____

Organization Type: (Choose one)

- | | |
|----------------------------|--------------------------|
| Arts/Cultural | Historic Preservation |
| Consultant/Vendor | Primary Education |
| Environmental/Conservation | Secondary Education |
| Healthcare/Medical | Social/Community Service |
| Higher Education | |
| Other: _____ | |

Indicate areas (all that apply) where you could provide expertise (if Mentor) or where you would like to learn more (if Mentee):

- | | |
|--------------------------------|-------------------------|
| Advanced Research Techniques | Advancement Services |
| Data Mining and Analysis | Database Conversions |
| Organization and Workflow | Prospect Identification |
| Prospect Management/Tracking | Research Basics |
| Other (please describe): _____ | |

Please return your application to:

Alisa Lamont, Membership Director, Apra-MN
alamont@apra-mn.org
or
c/o University of St. Thomas
Mail DEV, 2115 Summit Avenue, St. Paul, MN 55105; Fax; 651-962-6996

Alisa will contact you to find a match. If you have additional questions please contact her at alamont@apra-mn.org. Thank you for being part of the Apra-MN Mentoring Program!