
APRA-MN MENTORING PROGRAM

Application



I WOULD LIKE TO BE A **MENTOR** **MENTEE** (please select one)

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

MY ORGANIZATION TYPE: (please select one)

Arts and Culture

Healthcare

Education – Primary/Secondary

Historic Preservation

Education – Higher Ed

Social/Human/Community Services

Environmental/Conservation

Vendor/Consultant

Other (please specify):

IF MENTOR: AREAS WHERE I CAN PROVIDE EXPERTISE (select all that apply)

IF MENTEE: AREAS WHERE I WOULD LIKE TO LEARN MORE (select all that apply)

Advanced Research Techniques

Organization and Workflow

Advancement Services

Prospect Identification

Data Mining and Analysis

Prospect Management/Tracking

Database Conversions

Prospect Research Basics

Other (please describe):

PLEASE RETURN YOUR APPLICATION TO:

Susan Gahan, Mentoring Program Director

sgahan@apra-mn.org

You will be notified of your mentoring match via email from the Mentoring Program Director.

THANK YOU FOR YOUR PARTICIPATION!