



FLORIDA CHAPTER

APRA-FL Mentoring Program Application

Apply to be: **Mentor** **Mentee** (Circle or Highlight one)

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

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

Organization Type: (Choose one)

- | | |
|----------------------------|-----------------------------------|
| Arts/Cultural | Historical Preservation |
| Consultant/Vendor | Primary Education |
| Environmental/Conservation | Secondary Education |
| Healthcare/Medical | Social/Community Outreach/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 list research & database tools): | |

Please return your application to:

Aisha Maddox, Professional Development Director, APRA-FL
aisha.maddox@orlandohealth.com

Aisha will contact you to find a match. If you have additional questions please contact her at 321-841-8870 or aisha.maddox@orlandohealth.com.

Thank you for being part of the APRA-FL Mentoring Program!