



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, Consultant/Vendor, Environmental/Conservation, Healthcare/Medical, Higher Education, Other: _____, Historical Preservation, Primary Education, Secondary Education, Social/Community Outreach/Service

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

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!