



Georgia Chapter

APRA-GA 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 describe): _____ | |

Please return your application to:

Ann L. Key, Mentor Coordinator, APRA-GA
akey3@kennesaw.edu or

Kennesaw State University
Office of University Advancement & Development
3391 Town Point Dr. NW
Kennesaw, GA 30144

Ann will contact you to find a match. If you have additional questions please contact her at 470-578-2254 or akey3@kennesaw.edu. Thank you for being part of the APRA-GA Mentoring Program!