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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | Position | | |  | | | | | | | | | |
| Address | |  | | | | | | City | | |  | | | | | | | | | |
| Zip Code | |  | | | | | | Email | | |  | | | | | | | | | |
| Phone | |  | | | | | | Population | | |  | | | | | | | | | |
| 1. | Are you a member of the MCFOA? | | | | | | | | Yes | |  | How Long? | | | |  | | No | |  |
| 2. | What form of government is your city? | | | | | | | | |  | | | | | | | | | | |
| 3. | How long have you been in your current position? | | | | | | | | |  | | | | | | | | | | |
| 4. | Do you have your supervisor’s permission to participate in this program? | | | | | | | | | | | | | Yes | |  | No | |  | | |
| 5. | Will mentoring via email work for you? | | | | | | | | | | | | | Yes | |  | No | |  | |
| 6. | Have you ever had a mentor before? | | | | | | | | | | | | | Yes | |  | No | |  | |
|  | If yes, describe your experience | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Areas of focus for mentorship: (check all that interest you) | | | | | | | | | | | | | | | | | | | | |
|  | | | Annexation |  | | | Agenda Packets | | | | | |  | | Budgeting | | | | | |
|  | | | Code/Codification |  | | | Elections | | | | | |  | | Bonds/Finance | | | | | |
|  | | | Council Relations |  | | | Economic Development | | | | | |  | | Licensing | | | | | |
|  | | | Ordinances/Resolutions |  | | | Records Management | | | | | |  | | Audit | | | | | |
|  | | | Newsletters |  | | | Marketing | | | | | |  | | Computer Software | | | | | |
|  | | | Website |  | | | Lobbying | | | | | |  | | Liquor/Tobacco | | | | | |
|  | | | Other |  | | | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | | | | | | | |
| If you have other specific needs, please describe | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

**Please email this application by clicking the Submit button**

**OR, print and mail your completed application to**:

***Betsy Snyder***

***MCFOA Administrative Assistant***

***P.O. Box 9***

***Milroy, MN 56263***

***Phone (507) 336-2495 \* Email: adminasst@mcfoa.org***