|  |  |  |  |
| --- | --- | --- | --- |
| 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***