MENTEE APPLICATION
MUNICIPAL CLERKS AND FINANCE OFFICERS ASSOCIATION OF MINNESOTA

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)

<table>
<thead>
<tr>
<th>__________</th>
<th>__________</th>
<th>__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annexation</td>
<td>Agenda Packets</td>
<td>Budgeting</td>
</tr>
<tr>
<td>Code/Codification</td>
<td>Elections</td>
<td>Bonds/Finance</td>
</tr>
<tr>
<td>Council Relations</td>
<td>Economic Development</td>
<td>Licensing</td>
</tr>
<tr>
<td>Ordinances/Resolution</td>
<td>Records Management</td>
<td>Audit</td>
</tr>
<tr>
<td>Newsletters</td>
<td>Marketing</td>
<td>Computer Software</td>
</tr>
<tr>
<td>Website</td>
<td>Lobbying</td>
<td>Liquor/Tobacco</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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</tbody>
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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 5626
Phone (507) 336-2495
Email: adminasst@mcfoa.org