



MENTOR 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. How many years of related experience do you have? _____
5. What is your level of certification? MCMC _____ CMC _____ MMMC _____ MMC _____
6. Will mentoring via email work for you? Yes _____ No _____
7. Are you willing to make contact with your mentee at the annual conference and/or Regional meetings? Yes _____ No _____
6. Have you ever been a mentor before? Yes _____ No _____ If yes, describe your experience:

Strengths: (please check all areas in which you feel you have experience to share)

_____ 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: _____		

Include any other comments you have here: _____

Please email this application by clicking the Submit button OR, print and mail your completed application to:

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