



Florida Association of City Clerks

Mentor/Mentoring Request Form

Please choose: Request a Mentor Be a Mentor

Name: _____ Title: _____

Name of City: _____ Population: _____

Work Phone: _____ Email: _____

How Long in Clerk Position? _____ Appointed or Elected? _____

CMC or MMC? _____ Best Method of Communication? _____

Have you ever had a mentor or been a mentor? _____ Are you available after hours? _____

Follow Ups: Monthly or Quarterly

If you have a specific need, please describe:

Please check all areas where you feel you need help or have expertise to offer.

<input type="checkbox"/> Advertising	<input type="checkbox"/> Agenda Packets
<input type="checkbox"/> Assessments	<input type="checkbox"/> Bids
<input type="checkbox"/> Boards/Committees	<input type="checkbox"/> Business Tax Receipts
<input type="checkbox"/> Cemeteries	<input type="checkbox"/> Code of Ordinances/Codification
<input type="checkbox"/> Citizen Academy	<input type="checkbox"/> Computer Software
<input type="checkbox"/> Elections	<input type="checkbox"/> Conflict of Interest
<input type="checkbox"/> Council/Commission Communication	<input type="checkbox"/> Finance
<input type="checkbox"/> Improvement/Special Districts	<input type="checkbox"/> Incentive Programs
<input type="checkbox"/> Internet/Web Pages	<input type="checkbox"/> Lobbying
<input type="checkbox"/> Meetings (Open/Closed/Etc.)	<input type="checkbox"/> Minutes
<input type="checkbox"/> Newsletters	<input type="checkbox"/> Ordinances
<input type="checkbox"/> Other	
<input type="checkbox"/> Passport Administration	<input type="checkbox"/> Personnel
<input type="checkbox"/> Proclamations/Certificates	<input type="checkbox"/> Public Information
<input type="checkbox"/> Public Records Request	<input type="checkbox"/> Records Management
<input type="checkbox"/> Resolutions	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Supervisory Skills	<input type="checkbox"/> Volunteer Programs

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