



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.

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

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