

MENTOR APPLICATION

Mentoring Program 2018

Getting the most out of life isn't about how much you keep for yourself, but how much you pour into others.

DAVID STODDARD

INTRODUCTION

The PSI Mentoring Program, **Network Connect**, provides employees within Seventh-day Adventist organizations one-on-one assistance to enhance their knowledge and skills in regards to fundraising efforts. The Adventist organizations will fall into one of these five (5) categories:

- Healthcare
- Higher Education
- K-12 Education
- Religious/Churches
- Other Nonprofits

Administrators and fundraisers will be matched to other administrators or fundraisers with regard to position and experience needed to be successful in the fundraising arena as determined by their organization's job description and requirements.

Participation is contingent upon the identification of an appropriate match. Mentorships take place for one year. A mentorship typically involves monthly contact and can be more often. There is no fee for this partnership. At the conclusion of the one-year mentorship, both parties are asked to submit an exit evaluation. This allows PSI to be able to assess the program and make changes where needed.

Network Connect is not intended to substitute for formal consulting services. We encourage seeking PSI assistance or the hiring of recommended professional counsel for institutional development.

AGREEMENT

- ☐ By checking the box, I acknowledge the need of all professionals—who are required to perform fundraising duties per their job descriptions—to build their skills and knowledge. If appropriately matched, I will serve for one year and report to the PSI mentoring program manager at the conclusion of the mentorship.

I understand that as a Mentor, I may be eligible to earn points towards Certified Fund Raising Executive (CFRE) certification/recertification—only if applicable.

APPLICATION

Name _____ Employer _____

Date _____ Job Title _____

HOME

Address _____

City _____

State _____ ZIP +4 _____

Phone _____

Email _____

OFFICE

Address _____

City _____

State _____ ZIP +4 _____

Phone _____

Email _____

Years of Fundraising Experience _____ Certifications Held ☐ CFRE ☐ ACFRE ☐ FAHP

Number of years you have worked with the following types of organizations:

_____ Healthcare _____ Higher Education _____ Other (if applicable) *please list*

_____ Arts _____ K-12 Education _____

_____ Religious/Churches _____ Consultant (fundraising) _____

Mark the following areas in which you can **effectively** mentor:

- | | | | |
|------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Leadership Devel. | <input type="checkbox"/> Volunteer Mgmt. | <input type="checkbox"/> Social Media Relations |
| <input type="checkbox"/> Annual Fund | <input type="checkbox"/> Alumni Relations | <input type="checkbox"/> Major Gifts | <input type="checkbox"/> Planned Gifts |
| <input type="checkbox"/> Small Shops | <input type="checkbox"/> Capital Campaigns | <input type="checkbox"/> Foundations | <input type="checkbox"/> Software |
| <input type="checkbox"/> Board Relations | <input type="checkbox"/> Special Events | <input type="checkbox"/> Publications | <input type="checkbox"/> Other |

SUBMISSION

By signing below, I am willing to assist in the development and growth of a mentee, based on the above information.

Signature _____

Submit the following items to
mentoringprogram@nadadventist.org:

- this *Application*
- your *current*
- your *Résumé*
- your *Job Description*

TYPE YOUR NAME IF FILLING FORM ELECTRONICALLY. OTHERWISE, SIGN AS NORMAL.



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North American Division
OF SEVENTH-DAY ADVENTISTS

