

MENTEE APPLICATION

Mentoring Program 2018

Mentoring is a brain to pick, an ear to listen, and a push in the right direction.
JOHN C. CROSBY

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 seek to build my knowledge and skills in fundraising through personal interaction with a volunteer mentor. To be successful, I understand that I will need to be open to feedback as well as commit to the growth of my fundraising program.

If appropriately matched, I will continue the partnership for the period of one year and report to the PSI mentoring program manager at the conclusion of the mentorship.

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 wish to be mentored (maximum five (5) selections):

- | | | | |
|--|--|--|---|
| <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 be paired with a mentor to assist in the development and growth of my fundraising program.

Signature _____

Submit the following items to mentoringprogram@nadadventist.org:

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

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

