

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:

- Direct Mail
- Annual Fund
- Small Shops
- Board Relations
- Leadership Devel.
- Alumni Relations
- Capital Campaigns
- Special Events
- Volunteer Mgmt.
- Major Gifts
- Foundations
- Publications
- Social Media Relations
- Planned Gifts
- Software
- 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 Job Description*
- your *Résumé*

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

