

Mentoring Program Application

- Name: _____
- Title: _____
- Organization: _____
- Member of PGFGS? Yes No
- Complete Work Address:

- Preferred phone: _____
- Email: _____
- Briefly describe what you hope to gain from having a Planned Giving Mentor?

- Please describe your planned giving development experience.

- How long have you worked in the development field? _____
- How long have you been in your current position? _____
- Please list the top 3 planned giving goals for your organization.

- Please list the top 3 planned giving goals for your professional growth.

By submitting this application, I agree to be responsible for scheduling up to 4 meetings with my mentor during 2018 and planning the agendas and desired outcomes for those meetings. At the end of the mentorship I will complete an evaluation of the program.

Signature:
