



MENTORING PROGRAM APPLICATION

Applying to be a MENTOR or a MENTEE

Name:

Title:

Employer/Organization:

Street Address:

Preferred Telephone:

Preferred Email:

1. Primary area of practice:

- Gift Planner or Development Professional for Nonprofit
- Professional Advisor (accountant, attorney, financial planner, other)

2. Years of experience in gift planning or related field:

- 2-5 6-8 8-10 More than 10

3. Type of organization where you work:

- Health Religious Arts
- Education Environmental Social Services
- Public Policy International Other

4. Areas for which you offer/need mentoring assistance:

- Technical aspects of gifts Marketing planned gifts
- Making the ask Gift planning program management
- Other

5. **What do you hope to accomplish by participation in the mentoring program?**

6. **Verify your agreement to abide by the program's parameters.**

By checking this box, I volunteer to be assigned as a mentor/mentee. In my role as a mentor/mentee, I agree to provide/accept professional guidance and support to/from my mentee/mentor, according to the parameters of the CCPG Mentoring Program as outlined in its policy. I will not provide legal or tax advice to my mentor/mentee or that person's organization. In the event I cannot honor this mentoring commitment, I will inform the Outreach Committee Mentoring Program Co-Chair so that my mentee/mentor may be assigned to another mentor/mentee.

Please return this form by email by to cteed@ccpgonline.org