

Planned Giving Group of Indiana  
**Mentee Application**

Name and Title: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Best Telephone to Reach You During Business Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Your Primary Area of Practice:

- Consultant
- Gift Planner for Non-Profit
- Professional Advisor (accountant, attorney, financial planner, other)
- Professional Services (vendor providing services to gift planning community)
- Other

Years of Experience in Gift Planning or Related Field:

- 0-2
- 3-5
- More than 6

Outline of project, program or area in which you wish to be mentored:

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I hereby request to be assigned a mentor as indicated above. In my role as mentee, I will abide by the parameters of the PGGI Mentorship Program. These duties include a one-on-one meeting with my mentor upon assignment, as well as attending as many PGGI meetings as possible and sitting with my mentor. I agree not to overly burden my mentor with my requests. I understand that my mentor cannot provide legal or tax advice to me or my organization. In the event I cannot meet these obligations, I agree to inform the Mentorship Subcommittee Chair, so that my mentor can be assigned to another mentee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to Estacia Brandenburg at 317.274.8818 (fax) or scan and send to  
esmbrand@indiana.edu