

Planned Giving Group of Indiana  
**Mentor 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)

Years of Experience in Gift Planning or Related Field:

- 4-7
- 8-10
- More than 10

Types of Individuals You Prefer to Mentor:

- Consultant
- Gift Planner for Non-Profit, Preferred Area (if any) \_\_\_\_\_
- Professional Advisor (accountant, attorney, financial planner, other)
- Professional Services (vendor providing services to gift planning community)
- Other \_\_\_\_\_
- No Preference

I hereby request to be assigned as a mentor as indicated above. In my role as mentor, I am to provide professional guidance and support to my mentee, according to the parameters of the PGGI Mentorship Program. These duties include a one-on-one meeting with my mentee at the time of assignment, as well as attending as many PGGI meetings as possible and sitting with my mentee. I agree to take at least one inquiry (telephone, e-mail, etc.) from my mentee each month. I understand that in this role, I am not to provide legal or tax advice to my mentee or to his/her organization. In the event I cannot meet these obligations, I agree to inform the Mentor Program Coordinator, so that my mentee can be assigned to another mentor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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