

MENTORING PROGRAM SIGN UP FORM

MENTOR

MENTEE

Name: _____

Organization/School: _____ Title/Degree Program: _____

Phone: _____ Email: _____

Address: _____

FOR MENTORS:

1. How many years have you been in the Telecom/Cable/Energy field? _____
2. How many years have you been in your current position? _____
3. Have you had any professional experience in (check all that apply):
 Oil/Gas Renewables Energy Efficiency Energy Finance Electricity Markets
 Telecom/Cable Accounting Public Sector Private Sector NGO International
 Public policy Engineering Communications Regulatory Issues Management
 Environment Other: _____
4. What are three (3) skills and/or strengths you can share with your mentee?
 a. _____
 b. _____
 c. _____

FOR MENTEES:

1. Do you have any work experience in the Telecom/Cable/Energy field? Yes No
2. If yes, how many years? _____
3. What professional area are you most interested in pursuing (check all that apply):
 Oil/Gas Renewables Energy Efficiency Energy Finance Electricity Markets
 Telecom/Cable Accounting Public Sector Private Sector NGO International
 Public policy Engineering Communications Regulatory Issues Management
 Environment Other: _____
4. What are three (3) goals you hope to accomplish during this program?
 a. _____
 b. _____
 c. _____

FOR MENTORS AND MENTEES:

5. What is your preferred availability (check all that apply)? Weekday Weekend
 Morning (9am-12pm) Afternoon (12pm-5pm) Evening (5pm-9pm) Late (after 9pm)
6. What is your preferred method of contact with mentor/mentee (check all that apply)?
 In-person Phone Email
7. The Mentoring Program is designed to last eight months (October-May) with pairs meeting at least three times. Will you be able to fulfill this time commitment? Yes No
 If No, why not? _____