

# Society of Broadcast Engineers

## Mentor Program – Mentee Application



Date: \_\_\_\_\_ Name: \_\_\_\_\_

SBE Member Number: \_\_\_\_\_

Thank you for your interest in the SBE Mentor Program. Please complete this application to help the SBE understand your expertise and interests. In doing so, we can better match mentors and mentees. We also ask you to submit a resume or CV.

---

### Contact Information

Employer: \_\_\_\_\_

Supervisor name \_\_\_\_\_

Supervisor Phone \_\_\_\_\_ email \_\_\_\_\_

Signature of Approval to Participate \_\_\_\_\_

Mentee Job Title: \_\_\_\_\_

SBE Certifications you hold: \_\_\_\_\_

Personal Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Phone Email

Best time to contact \_\_\_\_\_

---

### Experience/Industry Background

Radio TV RF IT

Please indicate technologies, subjects, and/or skills within broadcast engineering with which you are specifically interested in gaining proficiency

What are your goals/expectations for participating in the SBE Mentor Program?

---

### Additional Comments

Examples: experience you have with other mentoring efforts or other unique situations that would help your mentor understand your educational needs. *(Use additional paper as necessary.)*

**Complete and return this form to Cathy Orosz at the SBE**

Society of Broadcast Engineers

9102 N. Meridian St, Ste. 150 • Indianapolis, IN 46260

317-846-9000 • 317-846-9120 fax • [sbe.org](http://sbe.org) • [corosz@sbe.org](mailto:corosz@sbe.org)