Colorado Springs Chapter

ISSA

Information Systems Security Association

Mentorship Enrollment Form

Name: _____

Phone: _____   **Email:** _____

1) **Are you interested in participating as a mentor or mentee?**
   - ❏ Mentor (years of security experience _____)
   - ❏ Mentee

2) **Why are you interested in the ISSA-COS Mentorship Program?**

3) **Where are you in your security career lifecycle?**
   - ❏ Student
   - ❏ Entry
   - ❏ Switching to security as a career
   - ❏ Mid-career
   - ❏ Senior
   - ❏ Security Leader
   - ❏ Retired

4) **What is your availability for meeting?**
   - ❏ E-mentoring (email communication primarily with potential voice conversations)
   - ❏ In person meeting (e.g., coffee, lunch, walk and talk)

5) **Please mark your interest or experience in each Industry:**
   - ❏ Education
   - ❏ Defense/Government
   - ❏ Commercial
   - ❏ Healthcare
   - ❏ Finance

6) **Please mark your interest or experience in each security area:**
   - ❏ Risk Management
   - ❏ Technical (network security, cryptography, database)
   - ❏ Identity and Access Management
   - ❏ Architecture
   - ❏ Operations
   - ❏ Other _____