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 ________________