



SBE Mentor Program

Your interest: Mentor Mentee

Date: _____ Name: _____ SBE Member Number: _____

Thank you for your interest in the SBE Mentor Program. Members like you make it possible to offer quality programs to you and your peers in broadcasting. 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: _____ SBE Certifications you hold: _____

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 proficient:

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

Additional Comments

For example, experience you have with other mentoring efforts, public speaking experience, unique opportunities or facilities available to assist in mentoring

Complete and return this form to Chriss Scherer at the SBE

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