

Women of STAC Mentor Enrollment Form

The following are the criteria for applicants:

- Currently employed by STAC Member company

Applicant Information

Full Name:	
Address:	
Street:	
City:	
Province:	
Postal Code:	
Phone #	
Email address:	
Company Name:	
Current Position:	
How many years have you been employed within the telecommunications industry?	
Are you a member of the Women of STAC Committee?	
How did you hear about the Women of STAC Mentorship Program?	
Is this your first time being a mentor?	
Have you ever been mentored whether in a formal program or informally?	

Please tell us a little bit about yourself:

Why are you interested in being a mentor?

What areas of expertise or experience could you share with a mentee (check all that apply)?

Engineering	
Marketing	
Management	
Communications	
Safety/Health and Safety	
Human Resources	
Technical Drawings	





Rigging/Field Technician	
Other, please specify:	

Please indicate areas you could support the mentorship program/mentee (check all that apply):

Career planning	
Networking and profile building	
CVs and applications	
Leadership skills (people management)	
Leadership skills (business management)	
Promotion and progression	
Managing challenging situations and conversations	
Public speaking/presentation skills	
Work-life balance	
Other, please specify:	

Are there any specific or general goals you would like to achieve through this mentorship program?

Are there specific expectations you have for your participation as a mentor?

Is there a type of mentee you would prefer to be matched with (i.e. someone in the same field; someone who speaks French)?



Any interests or hobbies you would like to share? (eg. professional or personal)

If you had to describe yourself and/or your interests in keywords (*Eg. Hardworking, adventurous, passionate foodie*):

Is there anything else you could share that would help us connect you with the best match?

Please include your preferred availability for group mentorship meetings and one-on-one meetings with your mentee (*Eg. Tuesday afternoons*):

Are you able to take on more than one mentee if needed? Yes No

By checking this box, you consent to STAC using your name and image on STAC social media, the STAC website and the STAC newsletter in any marketing related to the mentorship program.

Signature _____

Date (dd/mm/yyyy): _____ / _____ / 2023