

Special Skills/Hobbies/Interests: (i.e., sign language, etc.): _____

More about you:

Please indicate which of the following are currently the most stressful for you:

_____ Career/Job _____ Emotional Distress _____ Fatigue _____ Fear of Death
_____ Fear of Recurrence _____ Fertility _____ Finances _____ Nutritional Concerns
_____ Parenting _____ Physical Changes _____ Relationships _____ Sexuality

Other: _____

Please indicate which of the emotions you felt after your diagnosis:

_____ Anxiety _____ Depression _____ Fear/Worry _____ Stress _____ Denial _____ Hope _____
Sadness _____ Guilt _____ Loneliness _____ Other, please specify: _____

Please indicate your support system:

_____ Spouse/Significant Other _____ Friends _____ Children _____ Siblings _____ Parents _____ Faith
_____ Other, please specify: _____

Why are you interested in being paired with a patient?

Is there something that you do (personally, professionally, etc.) or something unique to your cancer journey that you feel might be important when connecting to a patient?



I hereby confirm that the information provided in the above application form is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from consideration as a mentor. I will consider all information that I gain in my mentorship position to be confidential. I understand that my mentorship position will be terminated in an event of breach of confidentiality.

Print Name: _____

Signature: _____

Date: _____

Submit your application via email to w2w@nm.org. Once your application is received it will be reviewed by one of our Program Coordinators. You will be contacted to schedule an interview within two weeks to discuss your needs in being matched with a patient requesting support.

Your information will be kept confidential.