

Woman to Woman Program

Application for Mentorship

Demographic information

Name: _____ Date of birth _____

Address: _____

Email address: _____

Primary phone number: Cell Home Work _____

Days and times you are available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning
Afternoon
Evening

Gender identity: _____ Religion: _____

Sexual orientation: _____ Language(s) spoken: _____

Race/Ethnicity: _____ Preferred pronouns: _____

Marital status: Single Married Divorced Widowed Domestic Partnership

Do you have children? Yes No If yes, list age(s): _____

Primary language: _____

Educational background: _____

Occupation: _____

Employment status during treatment: _____

Current employment status: _____

Special skills, hobbies and interests: _____

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More about you

Type of cancer: _____

Cancer stage at diagnosis (leave blank if unknown): _____

Date of diagnosis: _____

Age at diagnosis: _____

Hospital/medical center where you are being treated: _____

Primary gynecologic oncologist at Northwestern Medicine: _____

Have you started treatment? Yes No

Treatment	Completed	Expected
Chemotherapy		
Clinical trial Name, if known: _____		
Hormone therapy		
Immunotherapy		
Radiation therapy		
Surgery Type, if known: _____		
Other: _____		

Your experiences

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

Career/job

Fear of death

Finances

Physical changes

Emotional distress

Fear of recurrence

Nutritional concerns

Relationships

Fatigue

Fertility

Parenting

Sexuality

Other: _____

Tell us about your cancer journey so far. Please include information about your disease, treatment, side effects or any concerns.

What aspects of your treatment and experience feel most important or relevant?

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Are there specific issues you'd like to discuss or not discuss with a mentor? If so, please explain.

What are you looking for in a mentor? Please list factors you'd like us to consider when deciding which mentor would be a good match for you.

Is there something unique to your cancer journey, an experience you would prefer your mentor to have had (hysterectomy, children after treatment), or something that you do (personally or professionally) that you would like us to take into consideration when pairing you with a mentor?

Is there anything else we should know that will help us make a good match? _____

How did you hear about Woman to Woman? _____

What expectations do you have about Woman to Woman, as a mentee?

We always prioritize cancer type when pairing mentors with mentees. In the event a mentor with your cancer type is not available, **are you comfortable being paired with someone who has a different gynecologic cancer?** Yes No

If we are unable to provide you a mentor in our Northwestern Medicine Woman to Woman network, **would you be interested in being connected remotely with a mentor through the OCRA National Woman to Woman network?** Yes No

Disclaimer: We cannot always accommodate specific requests for mentors with a specific cancer stage or treatment course. We will do our best to pair you with a supportive mentor who may have had a similar cancer journey.

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 mentee. I will consider all information that I gain in my mentee position to be confidential. I understand that my mentee position will be terminated in an event of a breach of confidentiality. I understand my name and contact information may be shared in an effort to match me with the best available mentor.

Print name: _____

Signature: _____

Date: _____