

Woman to Woman Program

Mentor Application

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: _____

How long has it been since you've completed your treatment? _____

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

Your experiences

Tell us about your cancer journey so far. Please include information about your disease, treatment, side effects, where you were in your life when diagnosed and where you are now.

What parts of your experience do you feel are most important for you to share?

Are there specific issues you are comfortable or not comfortable discussing with a mentee?

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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 mentor?

Are you comfortable discussing issues with which you personally have no experience? Yes No

We always try prioritize cancer type when pairing mentors with mentees. **Are you comfortable being paired with someone who has a different gynecologic cancer than you?** Yes No

Our sponsor, OCRA, has a national network each Woman to Woman program site can utilize when they are unable to identify a mentor for a mentee. Since these women are not local to Chicago, your mentoring would be done exclusively over the phone or email. Are you willing to participate in this network? Yes No

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

Print name: _____

Signature: _____

Date: _____

Thank you for your interest in Woman to Woman and your desire to offer peer mentorship by sharing your experiences, from cancer diagnosis through treatment. We will contact you to set up a brief interview before the volunteer training sessions.