



*dedicated to finding a cure*

## Mentor Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Preferred E-Mail address: \_\_\_\_\_

What is your connection to diabetes? \_\_\_\_\_

Age of Diagnosis: \_\_\_\_\_ Current Age of Diagnosed (or Adult): \_\_\_\_\_

Please describe your JDRF volunteer experience or any relevant experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Below is a list of key words that will help us match you with families in need of mentors. Please go through and mark off which of these you feel comfortable dealing with.

- |                                 |                               |
|---------------------------------|-------------------------------|
| 504 plan                        | Parent or child with diabetes |
| Alcohol                         | Pregnancy                     |
| Babysitters                     | Preschool/Daycare             |
| Celiac                          | Public school                 |
| Camp                            | Private school                |
| College                         | Pump                          |
| Complications                   | Research                      |
| Depression                      | Sibling(s) with diabetes      |
| Elementary school               | Spanish                       |
| High school                     | Sports and exercise           |
| Injections                      | Seizures                      |
| Infants                         | Toddler                       |
| Ketones                         | Teen rebellion                |
| Middle school                   | Teen                          |
| Multiple children with diabetes | Travel                        |

Please return to: Liz Medina, JDRF Administrative Assistant  
500 N. Dearborn, Suite 305, Chicago, IL 60610  
FAX (312) 670-0250 or email: emedina@jdrf.org