**Caregiver Mentor Application**

**Please send all completed applications to** **cengels@eatingdisorderfoundation.org**

***Prior to your interview, please answer the questions below.*** The information you provide will help us make a better match for you and your mentor and ensure we can support you during your commitment with our mentorship program.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pronouns: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_ Birth Date: mm/dd/yy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please answer the following questions as completely as possible. Thank you!***

How did you hear about The Eating Disorder Foundation?

Why do you want to be a mentor?

What is your relationship to your loved one who has struggled with an eating disorder (spouse, parent, partner, etc.)?

How long have you been a main support system for your loved one with an eating disorder?

What does your current support system look like?

What levels of care have you supported your loved one through (inpatient, residential, outpatient, etc.)?

Are you personally in recovery for an eating disorder yourself?

What are your preferred methods of communication (email, phone call, or video call)?

What are your preferred meeting times? Please specify time zone.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mornings | Afternoons | Evenings |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

Do you have a gender preference for your mentee?

Are there any other locations that feel important to be acknowledged for the mentorship process (i.e. race, religion, LGBTQ, etc.)?

What interests and activities do you enjoy?

Have you struggled with any other mental health issues that you would be willing to discuss with your mentee (i.e. substance abuse, depression)?

Do you sincerely feel you can meet our minimum expectation of spending at least 1 hour per week with your mentee for the duration of the 10-week program?

Do you have previous experience serving as a mentor? If so, please describe:

What can a mentee learn from you?

Please provide two personal references that we may contact as we consider you for the mentor role.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within the past five (5) years, have you been convicted of a felony or misdemeanor classified as an offense against a person or family, or are you currently being investigated for the same? If the answer is yes, please explain.

Please note, that you are not permitted to drive your mentee or have your mentee drive you anywhere.

I understand by submitting the information above, that this information is subject to verification and that there will be a background check for criminal history as well as a check with appropriate governmental agencies.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_ \_\_ Print (Full Legal Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**

**Please send all completed applications to** **cengels@eatingdisorderfoundation.org**