**Mentor Application**

***Prior to your application review, 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 Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

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

State/Province\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

\*If the mentee or staff member cannot reach you within the span of 1 week during the program, staff will contact the person listed above.

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

What are your preferred meeting times?

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

I would like my mentee to be: (circle one)

*About my age 10-20 years of my age Any age*

Do you have a gender preference for your mentee?

Are there any other locations that feel important to be acknowledged in your recovery process (i.e. race, religion, LGBTQ, etc.)?

What interests and activities do you enjoy?

What issues have you struggled with: (circle all that apply)

Restricting Bingeing Purging Over Exercising Body Image

Other (please provide additional information you feel is important for us to know):

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?

How many years have you been in recovery? Do you feel stable in your own eating disorder recovery to be a role model for someone else?

This mentorship program is led from a Health at Every Size (HAES) lens, are you familiar with HAES?

**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 complete and return to Claire Engels at**

**cengels@eatingdisorderfoundation.org**