

## Mentor Program Interest Form

Until research is successful in finding a cure for type 1 diabetes, JDRF is committed to providing support and resources for those living with this disease. It is for this very reason that JDRF created the JDRF MENTOR program to support those who are dealing with the challenges of T1D daily.

Please fill out the information below. If you are interested in receiving a mentor, a JDRF mentor will reach out to you within 48 hours of receipt of this form. If you are interested in becoming a JDRF Mentor a chapter staff member will reach out to you within 2 weeks of the receipt of this form. **THE NEXT JDRF CENTRAL PA TRAINING WILL TAKE PLACE IN LATE JANUARY/EARLY FEBRUARY 2017.** You will be notified of the exact date, time and location in the new year.

I am interested in: (please check one)

Receiving a JDRF Mentor

Being a JDRF Mentor  
(Must be 16 years of age or older)

Name of Patient: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_ Gender: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

School (if applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

CDE/Endocrinologist: \_\_\_\_\_

T-Shirt Size (circle one): S M L XL XXL

### Parent/Guardian Information (For patients under the age of 18)

Parent/Guardian Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
OR

APPLICANT (if 18 years of age or older)

\_\_\_\_\_  
Date

Please return completed form to Lauren Wilcox, Development Coordinator at [lwilcox@jdrf.org](mailto:lwilcox@jdrf.org)