

Mentee & Diabuddy Sign-Up Form FOR TEENS & YOUNG ADULTS!



DIABETES • YOUTH • FAMILIES



Diabetes Youth Families, Insulliance, and UCSF are committed to inspiring and empowering pre-teens, teens, and young adults with diabetes by providing support and understanding through peer-to-peer connections and mentorship. We are teaming up to offer these opportunities to promote supportive connections and community as teens navigate life with diabetes. Once paired, Diabuddies and mentee/mentors are welcome to connect in the ways that feel most comfortable to them whether that be via text, emails, phone, video chat, or in person.

Required Information

- I am interested in connecting with a teen or young adult buddy of **similar age as me with diabetes**
- I am interested in connecting with a young adult Insulliance **mentor with diabetes**
- Please do your best to pair me with someone in/near the city where I live Location not important
- I am interested in participating in surveys to assess the effectiveness of this program

Caregiver's Name(s): _____

Primary City, State, Zipcode: _____

Preferred Phone: _____

Email: _____

Teen's Name: _____ Gender: _____ Preferred pronouns: _____

Teen's DOB (MM/DD/YYYY): _____ Date of Diagnosis (MM/YYYY): _____

UCSF patient (Oakland, Madison Clinic, Walnut Creek, Santa Rosa, Salinas): Yes No

Teen's preferred method of communication: _____

Teen's contact information: _____

The following information will help us pair you with a diabuddy or mentor.

Grade / School: _____

Hobbies: _____

Pets: _____

Favorite Music/Band: _____

Favorite Movie: _____

Spirit Animal: _____

My Desired Superpower: _____

Anything else you'd like us to know about you! _____

By applying to participate in Insulliance, I consent to release the information provided above to Insulliance, my Mentor and/or Diabuddy, and understand that I/my child will be contacted by these entities. I agree to I assume all personal risk and liability for myself and/or my child participating in the Insulliance program. All conversations/medical information shared between mentor/ mentee are to be kept confidential unless both parties agree otherwise, and will not be shared outside of the program unless it is necessary to maintain someone's personal safety. I am aware that I can opt out of the program and opt out of contact by the organization at any time.

Signature: _____ Date (MM/DD/YYYY): _____

Relationship to person with diabetes: _____

Please email completed form to Julia Philips, DYF's Community Program Coordinator at philips@dyf.org or let your care team know if you need support turning in your application.

DYF/

Received by: _____ Mentor Assigned: Y / N Mentor Name: _____

Date Assigned: _____ Mentor Contact Info: _____