

Mentor Application Form FOR YOUNG ADULTS 18+!



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.

Required Information

Insulliance Mentors connect, listen, encourage, and share with teens living with diabetes. Adolescence can be complicated, and meaningful support during this time of life is paramount. Because no one understands living with diabetes like other people living with diabetes this special program can allow teens to feel heard, understood, and empowered. Insulliance Mentors should commit to the program for at least 1 year, and agree to contact their teen mentees (each mentor is assigned two teens to form a mentorship triad) at least once a month. Apply to be a mentor today, and help make a positive change in a teen's diabetes journey!

Your Name: _____
Primary City, State, Zip code: _____
Preferred Phone: _____
Email: _____
Gender: _____ Preferred pronouns: _____
DOB (MM/DD/YYYY): _____ Date of Diagnosis (MM/YYYY): _____
UCSF Patient (Oakland, Madison Clinic, Walnut Creek, Santa Rosa, Salinas): [] Yes [] No
Preferred method of communication: _____

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 be an Insulliance mentor, I consent to release the information provided above to Insulliance, my Mentee and/or Diabuddy, and understand that I will be contacted by these entities. I agree to 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): _____

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 Use Only

Received by: _____ Mentee Assigned: Y / N Mentee Name: _____
Date Assigned: _____ Mentee Contact Info: _____