

Survivors Offering Support (SOS) Mentor Request Form

The Mentor Request Form should be completed by those persons recently diagnosed with breast cancer that would like to be matched with an S.O.S. mentor.

S.O.S. mentors are breast cancer survivors themselves, and volunteer their time to give a sympathetic listening ear, share experiences of complementary therapies, but above all can bring understanding to the experience of newly diagnosed patients. Mentors provide an invaluable “buddy support system” and support the member over the course of the year.

The mentors are required to complete a training program that includes information on the following: therapeutic listening and communication, general breast anatomy, the breast cancer disease process, how to communicate with your doctor, and what breast cancer resources are available in the area. Mentors are not trained to provide clinical education, treatment recommendations, or medical opinions to program members. If this level of information is requested, the mentor will refer the member back to their health care provider for appropriate guidance.

The information provided below will be utilized by the S.O.S. Volunteer Coordinator to provide you with the best match. No other information will be provided to the Volunteer Coordinator or mentor from ICCRI. Additional information shared with the Volunteer Coordinator or mentor is strictly at your discretion. All information shared is confidential with the Mentor with the exception of concerns regarding the patient’s safety or well-being.

Name _____

Mailing Address _____

Contact Phone _____ Age _____ Marital Status _____

Children under age 18 _____

Type of Breast Cancer Surgery and Date _____

Are you currently under treatment? ____ If yes, what type (e.g. chemotherapy, radiation)?

Other comments you would like to share with the Volunteer Coordinator/Mentor

By signing below, I am indicating that the above information may be utilized by the S.O.S. Volunteer Coordinator in matching me with a mentor. Any additional information I provide is at my sole discretion and is not protected by ICCRI.

Signature of Person Requesting Mentor

Date

The completed form can be submitted via mail, email, fax or hand delivered to:
Pamela.Crum@inova.org • P 703.698.526 • F 703.846.0937 • Dewberry Life with Cancer Family Center, Attention: SOS / Pamela Crum • 8411 Pennell Street • Fairfax, VA 22031