

Peer Mentor Application

Date _____

Name _____

Street Address

City, State,
Zip, _____

Email

Home Phone _____ Cell Phone _____

MATCHING INFORMATION

Diagnosis _____

Treatment (surgery, chemo,
radiation): _____

Where did you receive your treatment? _____

Are you currently a volunteer for CRC? _____

Tell us a little bit about yourself (i.e. profession, languages spoken, hobbies,...)
_____ \

I understand that information I share with my peer will kept confidential. I agree to keep all information that is shared with me confidential.

Signature _____

Date _____