



CANCER RESOURCE CENTER
OF THE FINGER LAKES

612 W. State St. * Ithaca, NY 14850 * (607) 277-0960 * www.crcfl.net

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, and 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 _____