



## Medstar Georgetown University Hospital 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 Georgetown University Hospital. Additional information shared with the Volunteer Coordinator or mentor is strictly at your discretion.

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 Georgetown University Hospital.**

\_\_\_\_\_  
**Signature of Person Requesting Mentor**

\_\_\_\_\_  
**Date**

The completed S.O.S. Mentor Request Form should be sent to the following address via U.S. Postal Mail, or can be submitted to the staff at the Breast Center at Georgetown University Hospital.

**Medstar Georgetown University Hospital  
Betty Lou Ourisman Breast Health Center  
Lombardi Comprehensive Cancer Center  
ATTN: Denise O’Neill, SOS Volunteer Coordinator  
3800 Reservoir Rd.  
NW Washington, DC 20007**