

MentorCONNECT Application

A Note About Confidentiality: This is a HIGHLY CONFIDENTIAL form – it is private and ONLY your MC Leadership Team will see it.

However, if for any reason privacy is still a concern, you are welcome to apply by sending the required information to us via EMAIL

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Confirmation

Have you previously applied for MentorCONNECT *

- Yes
 No

Name *

First

Last

Email Address *

How did you hear about MentorCONNECT

I understand that MentorCONNECT is not a substitute for professional medical care *

- Yes

I understand that completing this application is not a guarantee of membership acceptance *

- Yes

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Birthdate *

/ / 

MM DD YYYY

Full Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

United States 

Country

Phone Number *

- -

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What membership level are you interested in? *

Select One

Gender *

Select One

Type of ED I Most Closely Identify With *

- Anorexia
- Bulimia
- BED
- EDNOS
- Other

My current support system includes
(Check All That Apply) *

- Medical Doctor
- Counselor/Therapist
- Psychiatrist
- Dietician/Nutritionist
- Significant Other
- Family Member(s)
- Friends
- Mentor
- Other

Length of time in Recovery *

Emergency Contact Name *

First

Last

Emergency Contact Phone Number *

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More About Me *

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I am 18 or older *

Yes No

I am in strong, sustained recovery from my eating disorder *

Yes No

I have been in recovery for at least 12 consecutive months *

Yes No

I do not anticipate a significant life change in the next 12 months *

Yes No

I am able to commit to a minimum of 12 months of uninterrupted service *

Yes No

I am willing to complete a pre-approval interview *

Yes No

I am willing to volunteer my time for at least 1 hour/week per mentee *

Yes No

I am willing to respond to all match requests (whether yes or no) within 3 business days *

Yes No

I will commit to completing required Mentor Surveys as part of my mentoring supervision *

Yes No

Best times and days to call for pre-approval *

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekend Mornings
- Weekend Afternoons
- Weekend Evenings

I am ready to serve as a mentor because *

I am available for mentoring work *

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekend Mornings
- Weekend Afternoons
- Weekend Evenings

I prefer to communicate with my mentee by *

- Email
- Phone

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I have read the first 32 pages of the ED mentoring book
"Beating Ana" (available at [http://www.mentorconnect-
ed.org/beating-ana-excerpt](http://www.mentorconnect-ed.org/beating-ana-excerpt)) *

- Yes
 No

My response to "The First Step" Chapter Exercise from
"Beating Ana" *

I prefer to communicate with my mentor by *

- Email
 Phone

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I am over the age of 13 *

Yes

I am committed to recovering from my eating disorder *

Yes

I will commit to maintaining ongoing confidentiality regarding my participation and membership in the MentorCONNECT community *

Yes

I will commit to abiding by the Community guidelines at all times *

Yes

I will commit to being an active member of the MC Community *

Yes

I will commit to participating in the Community Forums *

Yes

I will commit to completing all required surveys for my membership level. *

Yes

I will commit to participating in community-wide activities whenever possible *

Yes

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