UOA Teen Network Mentor Program

The Teen Mentoring Program is designed to match UOA Youth Rally Campers with Young Adult participants so that supportive friendships can develop to the benefit of both parties. We want this program to be available to all interested youths and qualified young adults. We envision that these friendships will resemble Big Brother and Big Sister relationships, focusing on mutual aid. Mentors will primarily be matched by diagnosis, treatment, gender and interests. Communication will be done on an individualized basis using e-mail, letters, cards, and the Teen Network. Mentors will not be allowed to meet personally with youths without at least one of the youth's parents or caregivers present. All parties must agree to this rule, which exists for the protection of both youths and Mentors. The selection committee will ask mentors to contact parents/caregivers to introduce themselves before contacting their young friends.

Teen Network Co-chairs,
Cheryl and Jude Ebbinghaus ª tncochairs@uoa.org • 1-860-445-8224

Mentee Permission Form:

Youth's name (please print) _____

has my permission to participate in the UOA Teen Network Mentor Program. I understand that as a precondition to participation, I have agreed to closely monitor and supervise my child's activities in this Program including, but not limited to, strictly adhering to UOA's firm rule that my child will not meet the Mentor in person without a parent/care giver present. I will also advise my young person of any concerns that I might have, such as prohibiting phone calls without my permission. My young person has fully and honestly completed his/her biography. I further agree to contact Jude Ebbinghaus with any concerns I might have, now or in the future.

Parent/care giver printed name:_____

Parent/care giver Signature: _____ Date: _____

Address: _____

Phone: (home) _____(e-mail)_____

Participation Contract

I, (Youth's name printed)_____,

would like to participate in the UOA Teen Network Mentor Program. I understand that my parent/care giver will closely monitor and supervise my new friendship. I agree to fully comply with all rules that UOA or my parent/care giver may make regarding the Program including, but not limited to, the rule that I will not meet my Mentor in person without my parent/care giver present. I have completed my biography honestly.

Youth's Signature: _____ Date: _____

Name :_____ DOB :_____

Diagnosis:_____

Brief Health History:_____

_____

_____

Hobbies & Interests :_____

_____

_____

Address:_____

Phone: (home) _____(cell/other)_____

E- mail: _____*Please enclose a recent photograph! *

Send forms to:

United Ostomy Assoc. • 19772 MacArthur Blvd., Suite 200 • Irvine, CA, 92612• FAX 949-660-9262