



Like-Mind(s)²

Peer Support Mentorship Program

Email: likeminds@mooddisorders.on.ca /Phone: 416-486-8046 ext.303

Participant Application Form

Mentoring can be defined as a significant, long-term, beneficial effect on the life or style of another person, generally as a result of personal one-on-one contact. A mentor is one who offers knowledge, insight, perspective, or wisdom that is especially useful to the other person. **The information that you provide is for use by the Like-Mind(s)² Peer Support Mentorship Program Committee only. Personal information will be used to help determine suitable matches. Information will only be shared with the mentor once cleared and approved by the Participant.**

Personal Information:

First Name: _____

Initial: _____

Last Name: _____

Contact Information:

Home Contact Information

Home Address: _____

Home Phone: _____

Alternate Phone: _____

Personal Email: _____

Emergency Contact

Relation: _____

Name: _____

Phone: _____

Business Contact Information (if different from Home)

Business Phone & Ext: _____

Check off your Contact Preference: ___ Work ___ Home ___ Days ___ Evenings

To help assist with finding you a mentor please Indicate if in the following areas you have a "preference" or a 'must':

Language:

Does not matter ___

English ___ Prefer ___ Must ___

French ___ Prefer ___ Must ___

Other _____

Education

Does not matter ___

High School ___ Prefer ___ Must ___

Some College ___ Prefer ___ Must ___

College Graduate ___ Prefer ___ Must ___

Some University___ Prefer___ Must___
University Graduate___ Prefer___ Must___
Post Graduate___ Prefer___ Must___
Trades Certification___ Prefer___ Must___

Why are you interested in becoming a participant / what would you like your mentor to support you with (there are no right or wrong answers, and you only need to answer this if you want to)?

Do you have any specialized skills/training, hobbies/special interests that you would like us to know about:

Please note any particular preference you would like our committee to focus on when finding you a mentor match:

Medical Description – please help us support you by answering the below. All information collected will be kept confidential, and disclosed only with your permission/consent

1. I have been diagnosed with the following mood disorders:
2. I currently work with a Health Care provider regarding my mood disorders: **Yes**__ **No**__
3. I am currently on Medication for my mood disorder: **Yes** __ **No**__
4. I also have the following physical/mental health concerns:

5. I have a current/past Substance Issue (please check mark one) : **Yes**__ **No**__
6. Currently I feel that my self-esteem is (please check mark one) **Hi** __ **Medium** __ **Low**__
7. Please check mark whether you have any of the below personal supports:
___ Family
___ Social Support
___ Other:_____

If you have questions about this enrollment form, please call 416-486-8046 ext.303