



Child or Teen Power of 2 Mentor Application

Welcome to the CCFA Power of 2 Program. Please complete the following questions and return this form to your chapter.

Children 10 and over may apply to participate in Power of 2 with Parent or Guardian's signed permission.

Child/Teen Name _____ Today's Date _____

Parent/Guardian's Name: _____

Address/City/State _____

Home Phone _____ Cell Phone _____

Email _____

Which method of contact are you able to use, to speak with a Mentee?

- Home Phone Cell Phone Email Skype

The following questions are to help pair you with Mentees of a similar background:

Responses should relate to the child or teen applying to be a Power of 2 Mentor. Please check the appropriate response to the following questions.

Gender: Male Female

Year of Birth: _____ Year of Diagnosis: _____

I have: Crohn's disease Ulcerative colitis Undetermined IBD

Disease Severity: Mild Moderate Severe

Symptoms: Abdominal Pain Diarrhea Rectal Bleeding Weight Loss
 Other: _____

Complications: Eye Disorder Arthritis Liver Disease Bone Loss
 Skin Disorders Intestinal Complications Perianal disease
 None Other: _____

What treatments, if any, are you currently using to manage your IBD?
 Remicade Humira Tysabri Cimzia Holistic
 Steroids 5ASA Antibiotics Methotrexate
 6-MP/Azathioprine Other: _____

Have you had surgery? Yes No Number of surgeries _____

Type of surgery: J-Pouch Colectomy Other _____

Education Level: Elementary High School College

Ethnicity: Caucasian Hispanic Asian African American Latino
 Other Prefer not to indicate

Please answer the following questions as completely as possible.

1. How has CD/UC affected you?
2. Why do you want to mentor other children or teens with IBD?
3. What are your goals in Mentoring for the Power of 2 program? What do you hope to get out of being a Mentor?
4. Please list any other organizations you're involved with and your role there.

Parental/Guardian Consent

I am the parent and/or legal guardian of the above child. I consent to allowing my child to participate as a peer mentor in the Power of 2 program under Crohn's and Colitis Foundation of America (CCFA).

I understand that throughout the year my child will be contacted to mentor other children with IBD via phone/email/Skype. I will be copied on all correspondence related to the Power of 2 program and will supervise all interactions. I agree to attend phone training with my child prior to the first connection.

I understand that at any time my child/or I may refuse a connection and we can cease participate in this program at any time.

Signature of Parent or Legal Guardian _____

Date: _____

I, the parent/guardian of the above child certify that the information contained on this form is accurate. I authorize the Crohn's & Colitis Foundation of America to verify the information stated above.

Parent's Signature

Date

Submit Form

If you want to save form and submit later, please email form to poweroftwo@ccfa.org. You must have Adobe Reader XI in order to use the Submit Form button. Please check Adobe Reader version number from the Help menu. You can go to www.adobe.com to download the latest version.