



Pairing transgender, non-binary,
and gender diverse mentees and
mentors.

transpeermentorprogram.com
info@transpeermentorprogram.com

Mentee Application

Name: _____ Pronouns: _____

Email address: _____ Cell phone: (____) _____

Address (#, City, State, Zip): _____

Parent / Guardian Name (if under 18): _____

Parent / Guardian Phone: _____ Parent / Guardian Email: _____

Able to meet your mentor in Oakland (yes or no): _____

Gender Identity: _____

Sexual Orientation: _____ Ethnicity: _____

Birth Date: _____ Age: _____

Religion/Spirituality: _____ Hobbies: _____

Other Identities you'd like to share: _____

Do you currently see a mental health professional? _____

If you're local to the Bay Area, what transportation will you use (car, public transportation, ride from parent, etc)? _____

Accessibility needs (stairs alternative, scent free, etc): _____

Any additional information you'd like to share: _____

1) Why do you want to be paired with a mentor?

2) What topics regarding social transition/alignment are you curious about?

- Chosen Name
- Chosen Pronouns
- Legal Name Change
- Legal Gender Marker Change
- Bathroom Use
- STP's
- Style/presentation
- "Coming Out"
- Choosing not to "come out" or be visible
- Uncertainty around decisions
- Other: _____

3) What topics regarding medical transition/alignment are you curious about? (trigger warning: surgeries)

- Bottom Surgery
- Top Surgery
- Hormone Replacement Therapy
- Voice Training
- Hair Removal
- Detransitioning
- Stopping Hormones
- Choosing not to pursue medical changes
- Uncertainty around particular interventions
- Other: _____

4) What are some things you struggle with or have struggled with in the past that are unrelated to gender? This information is helpful when pairing you with a mentor.

5) Do you have any special requests regarding the identities or experiences of your mentor?

Please email completed application to info@transpeermentorprogram.com