

## Mentor Application

Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Address (#, City, State, Zip): \_\_\_\_\_

Able to attend mandatory monthly mentor meetings on the 2nd Sunday of the  
month? (yes or no): \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Sexual Orientation: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Religion/Spirituality: \_\_\_\_\_ Hobbies: \_\_\_\_\_

\_\_\_\_\_

Other Identities you'd like to share: \_\_\_\_\_

\_\_\_\_\_

Transportation you will use (car, Lyft, public transportation, etc): \_\_\_\_\_

Accessibility needs (stairs alternative, scent free, etc): \_\_\_\_\_

Any additional information you'd like to share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1) Why do you want to be a mentor?

2) What past experiences qualify you to mentor others. *(Please describe any relevant work or volunteer experiences you have had. Note readings you have done or groups, workshops, courses or activities you have attended etc.)*

3) What personal qualities do you possess that would help you mentor others?

4) What topics regarding social transition/alignment do you feel able to provide insight and guidance on, based on personal experience?

- 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

5) What topics regarding medical transition/alignment do you feel able to provide insight and guidance on, based on personal experience? (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 interventions

Please email completed application to [info@transpeermentorprogram.com](mailto:info@transpeermentorprogram.com)