

Mentor Application

Name: _____ Pronouns: _____ Date: _____

Email address: _____ Cell phone: (____) _____

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

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

Gender Identity: _____

Gender Assigned at Birth: _____

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: _____

How did you hear about the Trans Peer Mentor Program? _____

Why do you want to be a mentor?

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.)*

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

What topics regarding social transition 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

What topics regarding medical transition 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 medical changes