

Solid Organ Transplant Mentoring Program

■ Mentor Disclaimer and Release (Required)

I understand that as a Mentor participating in the Mentorship Program, any advice I provide in the course of the mentoring relationship is solely for the purpose of guiding the Mentee in his or her transplant experience. I understand this relationship is designed to be a resource to discuss general issues regarding the transplant process, as well as to provide guidance, friendship, and emotional support. I understand that the Mentee will not rely upon my advice and/or statements as medical advice and that any advice I give will not be relied upon by the Mentee as a substitute for his or her own independent judgment. I agree that I will not recommend or endorse any specific medical or non-medical tests, physicians, or other medical providers, products, or procedures, or otherwise give medical advice to a Mentee. I also agree that I will not offer the Mentee any financial or professional assistance.

I understand and acknowledge that I am volunteering to participate in the Mentorship Program, that I do not receive any compensation for my participation, and that I am not an employee or agent of UT Southwestern Medical Center nor do I represent UT Southwestern in any capacity. I agree to not share any of the Mentee's personal or private information with anyone without the Mentee's permission. I further acknowledge that UT Southwestern does not have any direct involvement in the mentoring relationship once a match is made. Because all aspects of the mentoring relationship are solely under the Mentor and Mentee's control, I waive any claims against UT Southwestern and its officers, directors, members, employees, and/or agents relating to the Lung Transplant Mentorship Program. I agree that in no event will I file a lawsuit or other action or otherwise attempt to hold liable UT Southwestern or its officers, directors, members, employees, and/or agents for any damages that might result from my participation in the Lung Transplant Mentorship Program.

Signature of Mentor

Date

Solid Organ Transplant Mentoring Program

Mentor Application

Name _____

DOB _____

Primary Phone Number _____

Secondary Phone Number _____

■ The following information will assist with the pairing process

Preferred Contact Times

☐ Weekdays ☐ Weekends ☐ Morning ☐ Afternoon ☐ Evening

How often would you like to communicate with your mentee? ☐ Once a week ☐ Once a month

How would you prefer to communicate with your mentee? Select all that apply.

☐ In person ☐ Phone ☐ Email ☐ Social media

■ Tell us about yourself.

Why are you interested in becoming a mentor?

What is the most helpful advice you received during your transplant journey?

What coping skills and stress-management techniques did you find most helpful during your transplant experience?
(Reading books, counseling, talking with others, etc.)

Do you have time/energy to commit to your mentee (usually 30 minutes to 1 hour a week)? ☐ Yes ☐ No

Do you reply to emails/phone calls in a timely manner (no more than 48 hours)? ☐ Yes ☐ No

Are you in a good place mentally and emotionally, i.e., in a place where you can offer sound advice to another person?
☐ Yes ☐ No

Have you had any significant losses in the past six months (e.g., death of a loved one, personal tragedy, etc.)?

Share any additional information you think is important for your application as a mentor.