Peer mentorship program

Are you looking for advice from other families or individuals living with cerebral palsy? or Are you willing to share your advice with other families or individuals living with CP? Please join our new peer mentorship program to connect with others in the Cerebral Palsy community across Prince Edward Island. Our goal is social inclusion and community connections. Please seek other support and resources in the community if you require therapy services.

\* Indicates required question

1. Name of individual living with cerebral palsy: \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Age: \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of individual(s) interested in the mentorship program (if different from the first question): \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Select your preferred participation option:

\_\_\_ Family mentorship.

\_\_\_ Individual mentorship.

\_\_\_ Either.

1. Select the relevant criteria:

\_\_\_ I wish to be a mentor.

\_\_\_ I wish to be a mentee.

1. I consent to the sharing of my contact/personal information for the purposes of matching me with a mentor or mentee. Information will not be shared with anyone other than your potential match, and will be shared for no other purpose than establishing the mentor/mentee relationship:

\_\_\_ Yes.