

# Survivors Offering Support (SOS)

## *Mentor Request Form*

The Mentor Request Form should be completed by those persons recently diagnosed with breast cancer that would like to be matched with an S.O.S. mentor.

S.O.S. mentors are breast cancer survivors themselves, and volunteer their time to give a sympathetic listening ear, share experiences of complementary therapies, but above all can bring understanding to the experience of newly diagnosed patients. Mentors provide an invaluable "buddy support system" and support the member over the course of the year.

The mentors are required to complete a training program that includes information on the following: therapeutic listening and communication, general breast anatomy, the breast cancer disease process, how to communicate with your doctor, and what breast cancer resources are available in the area.

Mentors are not trained to provide clinical education, treatment recommendations, or medical opinions to program members. If this level of information is requested, the mentor will refer the member back to their health care provider for appropriate guidance.

The information provided below will be utilized by the S.O.S. Volunteer Coordinator to Frederick Memorial Hospital. Additional information shared with the Volunteer Coordinator or mentor is strictly at your discretion.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of children under age 18: \_\_\_\_\_ email: \_\_\_\_\_

Type of Breast Cancer Surgery and Date: \_\_\_\_\_

Are you currently under treatment? If yes, what type (e.g. chemotherapy, radiation)? \_\_\_\_\_

Other comments you would like to share with the Volunteer Coordinator/Mentor: \_\_\_\_\_

By signing below, I am indicating that the above information may be utilized by the S.O.S. Volunteer Coordinator in matching me with a mentor. Any additional information I provide is at my sole discretion and is not protected by Frederick Memorial Hospital.

\_\_\_\_\_  
Signature of Person Requesting Mentor

\_\_\_\_\_  
Date

The completed S.O.S. Mentor Request Form should be sent to the following address via U.S. Postal Mail, or can be submitted to the staff at the Breast Center.

The form can be email to [doneill@fmh.org](mailto:doneill@fmh.org).

Monocacy Health Partners  
FRHS Center for Breast Care  
Attention SOS  
7211 Bank Court, Suite 110  
Frederick, MD 21703



Monocacy Health Partners Center for Breast Care • 7211 Bank Court, Suite 110 • Frederick, MD 21703  
240-566-4100 Option #5 then Option #7