

**Huntington Society of Canada**  
**Youth Mentorship Application Package**  
**For Mentors**



## Huntington Society of Canada Youth Mentorship Program

Thank you for expressing interest in the Huntington Society of Canada's Youth Mentorship Program. The HSC Mentorship Program is designed to support young people across Canada to face the everyday challenges of growing up in a family affected by Huntington Disease. The HSC is committed to offering a nationwide mentoring program that provides youth with one-on-one time and attention with a mentor who will receive ongoing support from a Social Worker within the HSC.

The goal of the program is to offer young people the opportunity to connect with a mentor who will be able to provide them with valuable support at critical points in their lives. The mentors will be committed to supporting, guiding, and being a friend to the youth.

Those interested in becoming a mentor must fill out and send in the attached form. Please mail, fax or email the completed form to:

Erin Stephen  
PO Box 26012  
Saskatoon, Saskatchewan  
S7K 8C1

Fax: 306-979-8137

Email: [mentorship@huntingtonsociety.ca](mailto:mentorship@huntingtonsociety.ca)

Once your completed application is received and reviewed, you will be contacted by the Youth Mentorship Coordinator. The coordinator will discuss your application and the next steps that need to be taken to continue towards becoming a successful mentor.

If you have any questions or concerns about the application process or the program in general please contact:

Erin Stephen-Youth Mentorship Coordinator  
Phone: 855-253-0215 or 306-979-9111  
Email: [mentorship@huntingtonsociety.ca](mailto:mentorship@huntingtonsociety.ca)

or

Angèle Bénard-Director of Family Services  
Phone: 1-800-998-7398  
Email: [abenard@huntingtonsociety.ca](mailto:abenard@huntingtonsociety.ca)

Congratulations in taking the first step to becoming a mentor!

## Mentor Application

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Health Card # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### **Next of Kin/ Emergency Contact**

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

Relationship: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Family Circumstances/ Living Situation**

Other people you live with (please include children and all relevant information)

Name	Age	Gender	Relationship

Does anything prevent you from fully participating in the program?  Yes  No

If yes, please explain:

---

---

**Medical History**

Do you have any medical problems, conditions or allergies?  Yes  No

Are you on any medication?  Yes  No

If yes, please explain:

---

---

---

Do you have any emotional difficulties that may affect your participation in the program?

Yes  No

If yes, please explain:

---

---

**Please describe your personality**

Please check the qualities you feel best describe you:

- Friendly  Outgoing  Shy  Withdrawn  Sensitive  Confident  
 Talkative  Lonely  Carefree  Busy  Happy  Nurturing

How do you manage stressful situations?

---

---

---

What qualities, skills, or other attributes do you have that would benefit a youth? Please explain.

---

---

---

**Education and Employment**

Previous Degrees/Diplomas (Please include your area of concentration):

---

---

Do you currently attend school?  Yes  No

If yes, where do you attend school?

---

---

Are you employed?  Yes  No

If yes, where do you work?

---

---

Do you have any previous experience volunteering or working with youth?  Yes  No

If yes, please list:

---

---

---

**Social Activities**

Are you active in sports, church, group activities?  Yes  No

If yes, please list the clubs, activities, and/or affiliations you belong to as well as any hobbies or special interests you would like to share:

---

---

---

---

**The HSC Mentorship Program**

Please explain what made you want to apply to become a mentor.

---

---

---

Please list any concerns or reservations you may have about becoming a mentor.

---

---

---

Are you anticipating any changes in your life in the next year that may impact your match (e.g. marital status, living arrangements, employment, children, etc.)?

---

---

---

Have you ever been charged, convicted or pardoned for a criminal offence? If yes, please explain.

---

---

---

**References**

Please provide a list of three individuals we can contact that are willing to act as a reference for you. These references may include peers, teachers, and employers and may include one family member. These individuals should be aware of your desire to participate in the HSC Mentorship Program. Please do not include someone as a reference who does not know of your personal connection to Huntington Disease. The responses of those acting as a reference will remain confidential.

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Confidentiality**

Just as we share information with you about the mentee, we need to share information with the mentee about you. Is there anything here that you do not want shared with the mentee and their parents (if the mentee is under the age of 18)? If so, please clearly state what you **do not** want us to share:

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

\_\_\_\_\_

Signature

\_\_\_\_\_

Date