



MENTEE PACKAGE

On behalf of Canadians who have been diagnosed with alopecia areata, the Canadian Alopecia Areata Foundation supports those affected by alopecia areata, promotes awareness and education of this auto-immune disease and raises funds for research.

The CANAAF Mentorship Program is a resource for individuals affected by alopecia areata to find support and guidance. By choosing to join the CANAAF Mentorship Program, you and/or your child have shown interest in conversing with a CANAAF Mentor in this stage of your alopecia journey. This is a long-distance program such that your Mentor may be anywhere in Canada and you can connect via phone, email, or another contact method of your choice.

MENTORSHIP GUIDELINES

Respect

Show respect to Mentors and sensitivity to their individual experiences, knowledge, and interests. Acknowledge that the time availability of each CANAAF Mentor may differ and they can delay contact with a Mentee if certain circumstances (such as illness, family emergencies, etc.) deem them unable to manage the commitment. Be mindful to contact them within the hours that yourself and your Mentor have agreed upon.

Commitment to Privacy

CANAAF upholds and protects the privacy of every Mentee. As a Mentee, the personal information you provide will not be shared with anyone outside CANAAF. The same consideration of privacy is expected of the Mentee in regard to their Mentor. Take care to respect the private nature of conversations with a CANAAF Mentor.

In-Person Meetings

If a decision to meet face-to-face is agreed upon by the Mentor and Mentee, it is the responsibility of the pair to organize this meeting. Mentees under 18 years of age must have a CANAAF waiver signed and be accompanied by a parent/guardian.

COVID-19 Restrictions

If you choose to meet in-person with a Mentor, both parties must comply with local government COVID-19 restrictions and social distancing measures. Masks are highly recommended even if the meeting takes place in an outdoor space and a two-meter separation is maintained.

Behaviour and Conduct

Every Mentee is expected to be considerate of their Mentor and respectful of their opinions and values as they share their experiences with alopecia. Any form of offensive language or unwelcome behaviour towards a CANAAF Mentor will be cause for immediate removal from the CANAAF Mentorship Program. Contact us with any questions or concerns regarding your CANAAF Mentor.

MENTEE INFORMATION

I. Contact Information

First Name: _____ Last Name: _____

*Email: _____ Phone: _____

Parent/Guardian Name (1f under 18): _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone Number: _____

*Your mentor will contact you using this email

Which CANAAF Mentor would you like to connect with? _____

II. More About You

Date of Birth: _____

Gender (optional): _____ Preferred Gender Pronoun(s) (optional): _____

Type of alopecia areata (optional): _____

Year of Diagnosis: _____

Why do we ask?

It is important to us that you feel seen, heard, and included in every way possible. If you provide the optional information above, we will make sure your mentor knows.

III. Your Interests

What are your interests/hobbies? _____

Favourite Movie: _____

Favourite Book: _____

Favourite Song/Artist: _____

What are you or your child looking to gain from our mentorship program?

Anything else you would like to share with us?

MENTEE AGREEMENT

Please review and sign this form and return it with the Mentee Information form to info@canaaf.org or by mail to 227 Burton Grove, King City, ON L7B 1C7.

After reviewing the above information, please sign this agreement as confirmation that you/your child will be participating as a Mentee in the CANAAF Mentorship Program and will respect the guidelines above. Children under the age of 18 must have the signature of a parent or guardian to be involved in the program. Once we are in receipt of your signed agreement your Mentor will contact you using your email provided.

Signature: _____ Date: _____

Name: _____

If mentee is under the age of 18:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

CANAAF OFFICE USE ONLY

Signature of Authorized Board Member:

Date: