



16360 Roscoe Blvd., Ste. 100, Van Nuys, CA. 91406
 Phone: (800) 777-8189 Fax: (818) 892-1611
 Email: info@spondylitis.org Website: www.spondylitis.org

Network of PEERS Participant Application MENTOR

Please complete the following application and return it to Elin Aslanyan, Program Services Coordinator. You can e-mail it to elin.aslanyan@spondylitis.org, send it by mail to 16360 Roscoe Blvd., Ste. 100, Van Nuys, CA 91406, or fax to (818) 892 – 1611 attn: Elin Aslanyan. If you have any questions, please contact Elin at (800) 777-8189, ext. 222.

Please type or print legibly.

Name:	
Street Address:	
City, State ZIP:	
Daytime Phone:	
Evening Phone:	
Work Phone:	
Can the SAA call you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email address:	

** These questions are for the purpose of matching you with a mentee.*

*Type of Spondylitis:	<input type="checkbox"/> Ankylosing spondylitis <input type="checkbox"/> Reactive arthritis <input type="checkbox"/> Psoriatic arthritis <input type="checkbox"/> Undifferentiated spondyloarthritis <input type="checkbox"/> Enteropathic arthritis (arthritis with IBD)
*Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Age:	
Preferred way of Communicating: (Please check all that apply.)	<input type="checkbox"/> email <input type="checkbox"/> telephone <input type="checkbox"/> instant message (IM)
When is the best time to connect with your peer match?	(Please include time ranges e.g. 6:00 pm – 10:00 pm)

Are you a member of the SAA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are not a member, and since membership is a prerequisite for participation as a mentor, would you be willing to join?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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When were you diagnosed with spondylitis?

How were you diagnosed?

What has been your personal experience with spondylitis?

How do you manage your spondylitis?

Why do you want to be a Mentor?

What experiences or personal qualities do you possess that would help you in mentoring another?

Are there any concerns or questions you have about joining the Peer Network as a mentor? Please list them below.

**Thank you!! We appreciate your interest in joining our Network of PEERS!
We will be in contact with you shortly.**