

Solid Organ Transplant Mentoring Program

■ Mentee Disclaimer and Release (Required)

I understand that as a Mentee participating in the Lung Transplant Mentorship Program, any advice I receive in the course of the mentoring relationship is solely for the purpose of guiding and supporting me in my transplant experience. I understand this relationship is designed to be a resource to discuss general issues regarding the transplant process, as well as to provide guidance, friendship, and emotional support. I understand and agree that I will not rely upon a Mentor's advice and/or statements as medical advice and that I will not rely upon a Mentor's advice as a substitute for my own independent judgment. I further understand and agree that the Mentor does not and cannot offer any advice about specific medical or non-medical tests, physicians, or other medical providers, products, or procedures, and that the Mentor does not and cannot otherwise give medical advice. I also agree that I will not solicit or ask a Mentor for any financial assistance.

I hereby acknowledge that Mentors are volunteers only, and that they are not employees or agents of UT Southwestern Medical Center nor do they represent UT Southwestern in any capacity. I also acknowledge that UT Southwestern does not have direct involvement with the mentoring relationship once a match is made. Because all aspects of the mentoring relationship are solely under the Mentor and Mentee's control, I waive any claims against UT Southwestern and its officers, directors, members, employees, and/or agents. I agree that in no event will I file a lawsuit or other action or otherwise attempt to hold liable UT Southwestern or its officers, directors, members, employees, and/or agents for any damages that might result from my participation in the Lung Transplant Mentorship Program.

Signature of Mentee

Date

Solid Organ Transplant Mentoring Program

Mentee Application

Name _____

DOB _____

Primary Phone Number _____

Secondary Phone Number _____

■ The following information will assist with the pairing process

Preferred Contact Times

Weekdays Weekends Morning Afternoon Evening

How often would you like to communicate with your mentor? Once a week Once a month

How would you prefer to communicate with your mentor? Select all that apply.

In person Phone Email Social media

■ Tell us about yourself.

Why are you interested in working with a mentor?

What questions/concerns would you like to discuss with your mentor?

What coping skills and stress-management techniques do you find most helpful? (Reading books, counseling, talking with others, etc.)

Please use this space to share any additional information you think is important for your application.