



14827 Ventura Blvd., Ste. 222, Sherman Oaks, CA. 91403
 Phone: (800) 777-8189 Fax: (818) 981-9826
 Email: info@spondylitis.org Website: www.spondylitis.org

Network of PEERS Participant Application

MENTEE

Please complete the following application and return it to Elin Aslanyan, Programs Coordinator. You can e-mail it to elin.aslanyan@spondylitis.org or send it by mail to 14827 Ventura Blvd., Ste. 222, Sherman Oaks, CA 91403.

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 mentor.*

*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 talk?	(Please include time ranges e.g. 6:00 – 10:00 pm)

When were you diagnosed with spondylitis?

How were you diagnosed?

What has been your personal experience with spondylitis?

How do you hope to benefit from participating in the Peer Network Program?

What qualities would you want your mentor to have?

What would be important for you to have in common with your mentor? (i.e. gender, age, type of spondyloarthropathy, geographic proximity, etc.)

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

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