

Mentor Information Sheet

CSA San Diego Support Group

Name:

Address: (If you have a San Diego address would you please let us know what part of the city you live in, i.e. Rancho Bernardo, Clairemont, North Park, Downtown, etc.

Phone Number:

Email:

Age:

Sex:

When diagnosed, or when child(ren) were diagnosed:

We will try our best to match people with the most similar information.

Women with women

Men with men

Families with young celiac children with other families with young children

Location: East county, North county, Central city, etc....

Agreement to Confidentiality and Commitment

I agree that all information shared with me by my newly diagnosed celiac friend will be held by me with the utmost confidence. That under no circumstances will I ever use their name when seeking assistance for them, or use their name and discuss their health or personal matters with anyone else.

I also understand that I must be 100% committed to a gluten free diet and that I would never condone cheating on the diet for any reasons.

Your Signature here: _____ Date: _____

Would you be willing to share your name and email with other mentors? Yes____ No____