



VOLUNTEER GUIDELINES: PHONE MENTORS

OVERVIEW: Phone mentors will be contacted by the Foundation office when an individual with Epilepsy or a seizure-related condition, or a parent/caretaker of a someone with Epilepsy of a seizure-related condition, requests a mentor/support person to speak with.

- **A mentee** will call the Foundation office when s/he feels the need to speak with the mentor and the office will contact the mentor.
- **Initial calls** from the phone mentor will be with the use of *67 so the mentee cannot see the mentor's phone number. This is to protect the mentor, if the mentor does not want continued calls from the mentee.
 - When the mentor feels that s/he is comfortable with providing his/her phone number to the mentee, s/he can do so.
 - OR-
 - If the mentor does not feel comfortable with the mentee, the mentor will contact the office, relay concerns and the office will attempt to find another mentor.
- The Foundation office will provide as much information as possible to the potential mentor before determining whether s/he wants to mentor the prospective mentee.
- Mentors will be provided with a FAQs sheet which contains various referral sources to possibly assist the mentee.

IMPORTANT INFORMATION:

- Mentors need to be aware that some mentees have multiple conditions, such as autism, depression, and other developmental disabilities which may impact the mentee's demeanor, communicative abilities, and other issues.
- Phone mentors will maintain a log of their time with the mentee and provide volunteer hours to the Foundation office quarterly. (SEE NEXT PAGE)

Don't forget to fill out you Volunteer Log & Call Log after each Call!

To print additional forms & learn about other volunteer opportunities
Visit: <http://epilepsyaz.org/programs/calling-all-volunteers/>



**EPILEPSY
FOUNDATION**

Arizona

PHONE MENTOR VOLUNTEER: CALL LOG

NOTE: THIS IS IN ADDITION TO THE VOLUNTEER TRACKING DOC. THIS FORM WILL NEED TO BE FILLED OUT & PROVIDED TO EFAZ QUARTERLY.

Mentor (YOUR) Name:		Mentee Name:
Log Start Date:		Log End Date:
Call Date:	Call Time (Duration):	Notes/Comments:

Mentor Name (Printed): _____

Mentor Signature: _____ Date: _____

EFAZ Staff Signature _____ Date: _____