



AboutFace - Teen Networking Form

All information provided to AboutFace is private and confidential

What language(s) do you speak? _____

Teen Information

Name: _____ M____ F____

Date of Birth: _____

Condition: _____

Address: _____

City: _____ Prov. _____ Postal Code: _____

Home phone: _____ cell phone: _____

E-Mail address _____

Best way to connect with you: phone _____ e-mail _____ either _____

Please list other members of the family below for our records:

Full Name _____ DOB: m ___ d ___ y _____ Relationship: _____ M ___ F _____

Full Name _____ DOB: m ___ d ___ y _____ Relationship: _____ M ___ F _____

Full Name _____ DOB: m ___ d ___ y _____ Relationship: _____ M ___ F _____

_____ Yes, I would like to be included in the AboutFace Peer Networking Program and agree to be listed as a contact on your database until further notice. I understand that I am part of the AboutFace Family of Support for individuals and that I will receive quarterly newsletters and other related materials from AboutFace to keep me informed on the organization. I consent to you giving the following information to another teen for the sole purpose of connecting with them through AboutFace:

_____ Home Phone _____ Work Phone _____ e-mail address _____

(I understand that AboutFace does not share or trade any information collected on their database and that all information provided is given in complete privacy and is confidential)

Signature of Parent

Print Parent name

Date

(Parent must sign for a teen)

Parent home phone _____ work phone _____

I WANT TO BE A SUPPORT PERSON FOR OTHERS

Some teens connect with us to be placed onto our database so that they can support other teens who need emotional support, understanding and information. If you **ONLY** want to be on our Networking List to be a support person for other teens and are not interested in getting support from others please give us a brief explanation about why you would like to support others and why you would be a great support person: (AboutFace will contact you regarding this request)

I WANT SUPPORT FROM OTHERS

Tell us about Yourself

If you can provide a brief description of what you have already experienced and what you feel you could benefit from now, it will help us connect you to the best match possible. Any other relevant details, questions or concerns that you wish to share with us are welcome.

Suggestions to Include:

- information and details on past or upcoming surgeries, etc.
- any questions, topics or particular interest or concern about specific treatment, social problems, school, how to explain your facial difference to others
- comments or concerns about siblings, relationships with family, friends or strangers would also be helpful
- any issues or concerns that you need some assistance with

CONNECTING FOR FRIENDSHIPS

Teens can connect just because they want to know they are others in their community that have the same condition that they do. Some teens want to make friends with others who know what they have gone through and are interested in making new friends with a group of teens who can really understand what life is like, living with a facial difference. ***** (make sure you complete the "tell us about yourself" portion right above this one)*****

CONNECTING FOR A SPECIFIC PROCEDURE/TREATMENT

Teens with a facial difference sometimes ask to be linked with other teens who have had a specific procedure/treatment or will be having a specific procedure in the near future. If you would like to connect with another teen **specifically regarding a treatment** please advise us below what the treatment is and the approximate date of treatment so that we can connect you accordingly

Treatment/Procedure you are considering:

Approx. date: _____

How Our Networking Works

We already have a great group of teens who are willing to network with other individuals. Once I receive your form and find out some details about what you are interested in and what type of networking you are interested in, I give each of you the details for the other person so that you can contact each other either by phone or e-mail. I ask that you both keep in touch with me to let me know how it is going. I can connect you to any number of teens that you wish.

If you are in need of immediate assistance please contact Donna at 1.800.665.3223 ext. 23 or send an e-mail to donnab@aboutfaceinternational.org

AboutFace must have a signed copy of this form onsite; therefore, please mail to the address below. You may fax your form to 416.597.8494 to speed up the processing, but you must mail the form to the address below. Thank You.

MAIL THIS COMPLETED FORM TO:

AboutFace
123 Edward St.
Suite 1003
Toronto, Ontario
M5G1E2

There is no fee to be a member of AboutFace. If you decide you no longer want to network, please let us know, either by phone or e-mail, so that we can change your networking status. If you move, change your telephone number or email; please notify us so that we can update our files.