



*dedicated to finding a cure*

**Do You Remember?!?!?!**

***The Shock? The Confusion?***

***The Sadness? The Exhaustion?***

***How you felt when you or your child was first diagnosed with diabetes?***

**Would you like to help others going through the same thing?**

## **BECOME A JDRF MENTOR IN LA CROSSE!**

The JDRF Western Wisconsin Chapter is expanding its Mentor Program to the La Crosse area and we need your involvement! The Mentor Program is about sharing, helping, listening, and new friendships with people who understand the ever-changing demands of living with type 1 diabetes. As a mentor, you would be responsible for contacting a newly diagnosed family or adult and sharing your personal experience, answering non-medical questions, and most importantly, lending valuable, specialized support when it's needed most.

Please join us for one of our training sessions led by  
JDRF Western Wisconsin Chapter volunteers  
**Jeanne Grist**, Mentor Chair and **Amy Eager**, Outreach Chair.

### **When:**

Wednesday, November 11 – 11:45 a.m.-1:15 p.m.

Wednesday, November 11 – 6:30 p.m.-8:00 p.m.

### **Where:**

Gundersen Lutheran - Onalaska Clinic  
Conference Room 1K  
3111 Gundersen Drive, Onalaska

### **RSVP:**

Please complete the attached reply form and return  
to the JDRF Western Wisconsin Chapter office by November 2

### **Questions:**

Jeanne Grist, Mentor Chair – [jeannegrist95@gmail.com](mailto:jeannegrist95@gmail.com)

Amy Eager, Outreach Chair – [acemusic@eishome.com](mailto:acemusic@eishome.com)

JDRF Western Wisconsin Chapter – 608-833-2873



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**Western Wisconsin Chapter  
Mentor Training Interest Form**

**\*\* PLEASE REPLY BY FRIDAY, NOVEMBER 2 \*\***

- I will attend the training session on **Wednesday, November 11 @ 11:45 a.m.**
- I will attend the training session on **Wednesday, November 11 @ 6:30 p.m.**
- I am unable to attend either session – please keep me in mind for future trainings
- I/my child is newly diagnosed and I would like to be contacted by a JDRF mentor

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Connection to diabetes \_\_\_\_\_

Name of person who has diabetes \_\_\_\_\_

Birth date of person who has diabetes \_\_\_\_\_

Age of diagnosis \_\_\_\_\_

Siblings names/ages \_\_\_\_\_

Today's date \_\_\_\_\_

Please let us know your interest in the following activities:

- Join the La Crosse Walk to Cure Diabetes planning committee
- Organize a parent support group in the La Crosse area
- Plan an Outreach event for families
- Volunteer at JDRF special events
- Other \_\_\_\_\_

Please return completed form to:

**Fax: 608-833-9214**

**Email: [jweissburg@jdrf.org](mailto:jweissburg@jdrf.org)**

JDRF Western Wisconsin Chapter  
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