

Peer Health Educator

Employment Application

		Applicant Inform	nation		
					Date of
Full Name:					Birth:
	Last	First		M.I.	
Address:					
Addiess.	Street Address				Apartment/Unit #
	City			State	ZIP Code
Phone:		Email_			
Position Apr	olied for				
Other Peer I	_eader to Contact:				
Name (Last, First)					Phone Number
Name (Last, First)					Phone Number
Emergency	Contact:				
Name (Last, First)	? Polationship				Phone Number
Ivane (Last, First)	x Nelauonsnip				Phone Number
		Education		_	
		Education			
Middle Sch	ool:	Address:			
	T				
From:	To:				
High Schoo	l·	Address:			
	··				
	T	YES	NO	D	
From:	To:	Did you graduate? □		Degree:	
• "		A			
College:		Address:			
		YES	NO		
From:	To:	Did you graduate? □		Degree:	

Refe	rences
Please list three professional references—Teacher, Coa	ch, Mentor, Current/Former Employer
Full Name:	Relationship:
Company:	Dhanai
Address:	
Full Name:	Relationship:
Company:	Dhono
Address:	
Full Name:	D.L.C. L.
Company	Phono:
Address:	
	ınteer Experience
This may include other forms of employment, such as baby	ysitting, mowing lawns, etc.
Company/	Dhamai
Organization:	
Address:	Supervisor:
Responsibilities:	
From:To:	Reason for Leaving:
	YES NO
May we contact your previous supervisor for a reference?	
Company/	
Organization:	Phone:
Address:	Suponicor
Responsibilities:	
From:	Reason for Leaving:
10.	
May we contact your previous supervisor for a reference?	YES NO

Company/ Organization:					Phone:	
Address:						
Responsibilitie	es:					
From:	To:		Reason fo	or Leaving:		
May we conta	act your previous supervi	sor for a reference?	YES	NO		
etc.—, what n Example: -JV Soccer, A	nis space to inform us of month(s) they take place August-November, pract December-January, reh	e, and a general week iice Monday-Friday fro	ly outline of m 4:00pm-6	meetings. 6:00pm, ga	mes usually on T	hursdays.

Issues You're Interested In
In the space below, tell us about 2-3 issues teens/youth are facing today that interest you and why.
1
2
3
Peer Leader Agreement
I certify that the information above is true and has been completed to the best of my knowledge. By signing the line below, <u>I agree to the following:</u>
Be on time—inform staff if you are going to be late
Attend all mandatory meetings
RSVP to all meetings
Be respectful to all
Follow the "Group Agreements" at all times in meetings
Keep all necessary information forms up-to-date—media release forms, contact information, etc.
Signature: Date:
Signature: Date:
Staff Signature: Date: Date: