

Community Worker/Peer Harm Reduction Worker Application

Date: _____

Name: _____

How to contact you:

Phone Number: _____

Email Address: _____

Address: _____

What are you interested in doing?

(Please check all that apply)

- Working in Supervised Consumption Site
- Doing Outreach
- Attending appointments with people
- Working in a Drop in
- Anything (We always have new things starting!)

Skills, Knowledge and Experience:

Community Worker/Peer Harm Reduction Worker Application

(Examples: Experience with drug use, overdose response, why are you applying? Why do you think you would be an excellent Peer Worker?....)

Work/Volunteer Experience:

(Examples: Secondary Gear Distribution, Gear Kit making....)

Education or Trainings:

(Examples: CPR, Naloxone Training....)
