

**Peer Mentor Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

**Please check  when you are available:**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Would you have any weekend availability? Yes      No

If yes, please specify: \_\_\_\_\_

**Education:** What is the highest grade that you have completed at school? \_\_\_\_\_

Have you attended any other education or training programs? Yes      No

If yes, please describe: \_\_\_\_\_

**Personal Health Challenges:** Do you currently have any health challenges that may prevent you from doing your Peer Mentor tasks? Yes      No

If yes, please explain: \_\_\_\_\_

Do you have experience (personal or otherwise) with drug and/or alcohol addiction? Yes      No

If yes, please explain: \_\_\_\_\_

Work: Are you currently working? Yes      No

If you are currently working, can you tell us about it (where, when, and what)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have worked in the past, can you tell us about it (where, when, and what)?

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How did you hear about the Peer-to-Peer Program? \_\_\_\_\_

What is the reason you want this position? \_\_\_\_\_

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Please write a few sentences about what the reasons are that you feel you can bring/contribute to this position: \_\_\_\_\_

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Please check  $\checkmark$  all of the following situations you have experience with, not only specific to HIV, and briefly explain:

Chronic Illness: \_\_\_\_\_

Harm Reduction: \_\_\_\_\_

Aboriginal Culture: \_\_\_\_\_

North Central community: \_\_\_\_\_

Working in a team: \_\_\_\_\_

Workshops/Presentations: \_\_\_\_\_

Outreach: \_\_\_\_\_

Other: \_\_\_\_\_

**Please return completed form to Peer-to-Peer Program Coordinator.  
Only candidates selected for an interview will be contacted.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date