



Peer Educator Profile

Today's Date: ____/____/____

Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

E-Mail Address: _____

Best time to contact: Morning Day Evening E-Mail

School: _____ City: _____ Grade level: _____ Current GPA: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

What is your form of transportation? (Bus, driving, parents, skateboard etc.) _____

Please answer the following questions in complete sentences. It does not matter if your response is long or short, just long enough to say what you feel is important.

1. Why are you interested in becoming a Peer Educator? _____

2. What skills will you bring to the Peer Educator Program? _____

3. What do you currently know about Planned Parenthood? _____

4. Planned Parenthood offers many reproductive health care services such as birth control methods and sexually transmitted infection exams to teens. How does this make you feel? _____

5. How would you describe yourself? _____

The Peer Program has three main objectives:

- Increase knowledge of Peer Educators about teen issues on teen pregnancy, sexually transmitted infection prevention, reproductive health care access and more.
- Participate in great learning experiences through volunteering within their community
- To increase healthy relationships and dating violence awareness amongst teens in their school and community.

We ask that all participants to give a twelve month commitment from their time of training completion.

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|--|-----|----|
| 1. Are you willing and able to make this commitment?
If no, please explain reason: _____ | YES | NO |
| 2. Are you comfortable talking with friends and other youth about sensitive issues such as birth control, sexual transmitted infections, etc.? | YES | NO |

Please list two references (teacher, friend, employer, mentor, etc.).

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|--|
| 1. Name: _____ Relationship: _____ Number: _____ |
| 2. Name: _____ Relationship: _____ Number: _____ |

All statements made on this application are true. You have my permission to verify them.

Applicant Signature

Date