

**Peer Education Program**

**Fall 2019 Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Year: \_\_\_\_\_\_\_\_\_\_\_\_ Birth Year:\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected year to graduate:\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your availability? **Please list specific times you are available (ex. 2-5pm)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |

Are you able to commit a semester to the program? \_\_\_ Yes \_\_\_ No
If you answered no, please explain why:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upcoming Dates:** (*NOTE: All trainings will take place at the California Health Collaborative)*

**Applications Due:** Tuesday, September 10, 2019 by 5:00 pm

**Interviews:** *Tentatively* September 11-20, 2019 (weekdays 8 am-5 pm only)

**First Monthly Meeting:** Saturday, September 21, 9:00 am-1:00 pm

**Second Monthly Meeting:** Saturday, October 5, 9:00 am-1:00 pm

**Third Monthly Meeting:** Saturday, November 2, 9:00 am-1:00 pm

**End of Semester Events:** *Tentatively* December 2-6, 2019, 12:00-2:00 pm

**Appreciation Celebration:** Saturday,December 7, 9:00-11:00 am

***Please note:*** Peer Educators will be required to attend all trainings, end of semester events, and major Lock It Up Project events with prior notice. Peer Educators will also participate in chosen community tabling events each month.Many Lock It Up Project activities take place on school campuses (Elementary-High School) and in the event you choose to participate at these sites, **you must pass fingerprinting clearance.**

Are you able to travel? \_\_\_Yes \_\_\_No

Are you able to work weekends? \_\_\_Yes \_\_\_No

Can you attend every meeting listed above: \_\_\_ Yes \_\_\_ No

If you answered no, please explain which events you cannot attend and why:

\*You may include an attachment if additional space is needed to answer each question below\*

How did you hear about the Peer Education Program?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Why are you interested in becoming a Peer Educator?
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What strengths do you feel you can bring to the Peer Education Program?

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What are ways that you would create more visibility and reach out to students and faculty on your college campus?
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In your own words, how would you explain the purpose of the Lock It Up Project?
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Please provide two references **(non-family)** below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See last page for submission details.**

**Please attach a copy of your resume to this application.**

**Deadline for submitting applications is Tuesday, September 10, 2019 @ 5:00 PM**

 *Once we have received and reviewed your application, we will call you to set up an interview.*

**Please email or drop off this application and your resume to:**

Frances Nixon

fnixon@healthcollaborative.org

1680 West Shaw Avenue

Fresno, CA 93711

Please feel free to call Frances at (559) 244-3617 if you have any questions.

Thank you!