



Alternatives For Girls
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Peer Educator Application

First Name		Last Name		Date	
Address				Age	
City		State		Zip code	
Phone Number		Email Address			

Education

School Name		Grade Level	
School Hours		Expected Graduation Year	

Please list all extracurricular activities including sports and clubs:

Activity	Day of week	Times

Experience

Please list any paid work experience and any volunteer, community outreach experience:

Organization:	Dates:	Phone number:
Duties/Responsibilities:		
May we use as a reference?		

Organization:	Dates:	Phone number:
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Duties/Responsibilities:
May we use as a reference?

Organization:	Dates:	Phone number:
Duties/Responsibilities:		
May we use as a reference?		

Please list any other additional references:

Name	Relationship	Phone number/ email address

Do you have reliable transportation?

Please mark all that apply to you:

I have...

- Been homeless
- Run away before
- Gone to court for skipping school, being delinquent, being incorrigible, stealing or other (please explain)_____
- Drank alcohol
- Smoked cigarettes
- Used drugs to get high
- Been affected by someone with substance abuse
- Been affected by Lesbian/Gay/ Bi-sexual/Transgender/ or Questioning issues
- Have or someone close to me has a chronic health condition
- Was in/is in a gang or affected by family/friends who are in gangs
- Affected by an abusive relationship or have been in an abusive relationship
- Affected by violence in my community
- Been affected by the foster care system
- Been affected by death of someone close to me
- Have difficulty in school

Availability

Days	Times

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