



## Peer Support Centre Application Form



Please fill out this form and return it to any **InfoLink** booth in the Student's Union Building (SUB) during regular office hours. Due to the confidential nature of this form, the InfoLink attendant will provide you with an envelope in which you can seal your application. This means that your application will only be viewed by the Peer Support Centre Staff. The deadline for applications is **September 16, 2011**. However, since spots fill up quickly, it is recommended that you hand in your application as soon as possible. Thank you for your interest in volunteering with us!

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last

Student ID: \_\_\_\_\_ Faculty & Program \_\_\_\_\_

Current Year of Program: \_\_\_\_\_ Graduation Year (if applicable): \_\_\_\_\_

Current Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Hours to Call: \_\_\_\_\_

Cell: \_\_\_\_\_ Hours to Call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a student at the University of Alberta? Yes ☐ No ☐

Are you 18 or over? Yes ☐ No ☐

How did you learn about our volunteer recruitment?

- |   |  |
|---|--|
| <input type="checkbox"/> Classroom presentation | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Poster/billboard       | <input type="checkbox"/> Other _____   |

Have you previously volunteered with the Peer Support Centre?

Yes ☐ No ☐

If yes, when? \_\_\_\_\_

Have you volunteered previously with any other supportive listening agency?

Yes ☐ No ☐

If yes, when and with which agency? \_\_\_\_\_

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Please list any specialized courses/training you think would be applicable:

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Volunteer Experience

Date	Organization	Position
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Work Experience

Date	Organization	Position
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<hr/>	<hr/>	<hr/>

What other major time commitments do you have?

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Other relevant skills or experiences:

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Please explain your reasons for wanting to volunteer with the Peer Support Centre. What do you hope to get from your experience? What qualities and skills will you bring the service?

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When you think of the following issues, what major **feelings** come to mind for you? These can include your own reactions, or how you would imagine someone experiencing these situations might feel. Please note that there are no right or wrong feelings.

Family Violence:

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Suicide:

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Sexual Assault:

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Child Abuse:

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Substance Abuse:

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Mental Illness:

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Abortion:

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Homosexuality:

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The following factors need to be considered when applying as a Peer Support Centre. Again, there is no right or wrong answer; we are simply interested in your experience with difficult life circumstances. Please answer yes or no to each question below:

I have experienced a major loss or life event in the last year.

Yes ☐ No ☐

If yes, describe briefly: \_\_\_\_\_

I have a health condition that can be made worse with stress.

Yes ☐ No ☐

If yes, describe briefly: \_\_\_\_\_

I have attempted suicide in the past.

Yes ☐ No ☐

If yes, when? \_\_\_\_\_

I have lost someone close to me to suicide.

Yes ☐ No ☐

If yes, when? \_\_\_\_\_ Relationship: \_\_\_\_\_

I am currently seeking mental health care.

Yes ☐ No ☐

I am willing to provide referrals and information on any option for abortion/parenthood concerns.

Yes ☐ No ☐

I have been convicted of an indictable offense.

Yes ☐ No ☐

If yes, what offense and when? \_\_\_\_\_

I am willing to submit to a criminal record check.

Yes ☐ No ☐

I am willing to volunteer with the Peer Support Centre for at least one academic year.

Yes ☐ No ☐

I certify that the statements provided by me are true and accurate to the best of my knowledge. I understand that any falsification of this application will result my disqualification as a potential volunteer for the Peer Support Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## References

References must be notified in advance of our call.

Please provide the names of two business, education or volunteer related references (you can provide the name of a family member or friend for only one of the references).

1. Name: \_\_\_\_\_

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

How long have you know this person? \_\_\_\_\_

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\*\*\*\*\*The following training dates are mandatory\*\*\*\*\*  
Before handing in your application, please ensure that you are able to attend **all of the following days**.

## **Training Outline**

Day 1: September 24, 9am to 6pm

Day 2: September 25, 9am to 4pm

Day 3: September 27, 6pm to 10pm

Day 3: September 28, 6pm to 10pm (alternate session)

Day 4: October 1, 9am to 4pm

Day 5: October 2, 9am to 4pm

Day 6: October 15, 9am to 4pm

Day 7: October 16, 9am to 4pm

Day 8: October 18, 6pm to 10pm

Day 8: October 19, 6pm to 10pm (alternate session)

Day 9: October 22, 9am to 4pm

Total: 64 hours  
    40 hours lecture/discussion  
    24 hours experiential

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