

# PEER EDUCATION PROGRAM

Planned Parenthood of Central North Carolina

## PEER EDUCATOR APPLICATION

Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_  
Street or Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Best time to call you? \_\_\_\_\_ Email Address (if any): \_\_\_\_\_

School \_\_\_\_\_ Grade you are in this year? \_\_\_\_\_

Parent or Guardian Name(s) \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

**In case of emergency contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**TEEN VOICES** trainings take place one evening each week.

Are you available from 4:30- 7:30 p.m. one evening each week? (We'll let you know which day.) \_\_\_ Yes \_\_\_ No

Do you have access to transportation for that time? \_\_\_ Yes \_\_\_ No

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

---

---

2. What special qualifications do you bring to this position?

---

---

3. Previous employment or volunteer experience:

---

---

4. Extracurricular activities: \_\_\_\_\_

---

5. Why you would make a good peer educator?

---

---

**References:**

(Please list two adults who are not related to you whom we can contact)

1. **Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
Street or Apt. # City State Zip Code

2. **Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
Street or Apt. # City State Zip Code

All of the information on this application is accurate to my knowledge. Planned Parenthood of Central North Carolina has my permission to verify this information.

X \_\_\_\_\_  
**Applicant's Signature** **Date**

**PARENTAL CONSENT**

My daughter/son has my permission to apply for the TEEN VOICES Peer Education Program sponsored by Planned Parenthood of Central North Carolina. If selected, my daughter/son has my permission to participate in the TEEN VOICES training program. I understand that I may contact Lisa Garland, (919-818-7760), Community Health Educator, or Monika Thigpen, (910-323-3774 ext. 201), Director of Education, at any time with any questions or concerns.

X \_\_\_\_\_  
**Scanned Parent or Guardian Signature or Email** **Date**

**Three ways to submit your completed application:**

- 1. **Send it to:**  
**Community Educator**  
**Planned Parenthood of Central North Carolina**  
**1765 Dobbins Drive**  
**Chapel Hill, NC 27514**
- 2. **or Fax it to: (919) 933-5270**
- 3. **or Email it to: [lisa.garland@ppcentralnc.org](mailto:lisa.garland@ppcentralnc.org)**

**For more information call (919) 818-7760**

**Thank You!**