

# **T**een **A**dvocate **P**roject

## *Peer Educator Application*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ G.P.A: \_\_\_\_\_

Parent/Guardian Name and Phone Number:

\_\_\_\_\_

**1. How did you hear about the Peer Education Program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Why do you want to be a Peer Educator?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What experience do you have that might help you in this program?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. What do you hope to get out of being a Peer Educator?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Please describe your personality in 3 words:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**6. What activities are you involved in?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 2 adults (NOT family members) to serve as references (for example: teachers, coaches, advisors, etc.):

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Peer Educator Training is July 16 – August 3, Hours vary each day (Except July 4th) (Mon. to Fri.)

Are you available to attend? \_\_\_\_\_ How do you plan to get to Planned Parenthood? \_\_\_\_\_

This position requires a commitment of 6-8 hours a week. What days are you not available during the school year? \_\_\_\_\_

Mail, fax, or deliver it to Rosario Minier, Coordinator of Youth & College Initiatives

Please call (516) 750-2653 or email [Rosario.minier@ppnc.org](mailto:Rosario.minier@ppnc.org) with any questions.

**Mailing Address:**  
Planned Parenthood of Nassau County, Inc.  
Peer Education Program/Rosario Minier  
540 Fulton Avenue  
Hempstead, NY 11550  
Fax number: (516) 483-3592 (attention: ROSARIO)