



Planned Parenthood of Kentucky Peer Education Application

Applicant Information

Full Name: _____ **DOB:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: ()
**Date of Application and
 Date Available:**

E-mail Address:

Why do you want to be a Peer Educator with PPKY?

Please list any special talents, interests, skills or training that you have that could be applied to your work with PPKY.

Education

High School:		Grade		YES	NO	
From:	To:	Did you graduate?		<input type="checkbox"/>	<input type="checkbox"/>	

College:		Grade		YES	NO	Degree
From:	To:	Did you graduate?		<input type="checkbox"/>	<input type="checkbox"/>	(Major/Minor):

Other:		Grade		YES	NO	Degree
From:	To:	Did you graduate?		<input type="checkbox"/>	<input type="checkbox"/>	(Major/Minor):

Parental Consent (for those under the age of 18)

Peer educators need parental consent in order to work with PPKY. Would your parents give their consent?

Name of Parent or Legal Guardian:
Address and Telephone (if different from above):

References

Please list three references who are not family.

Name: _____ **Position:** _____
Company: _____ **Phone:** () _____

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Company: _____ **Phone:** () _____

Name:

Position:

Company:

Phone: ()

Please tell us your comfort level when discussing issues such as masturbation, homosexuality, abortion, STIs, etc.

Time Commitment

How long would you be willing to commit to Peer Education program with PPKY?

Peer educators are required to complete an initial training program of approximately 20 hours and commit to biweekly meetings thereafter for an entire academic school year. Does that fit into your current schedule?

Please list relevant work/volunteer/extracurricular activities

Comments or Questions



Please mail back to:
Planned Parenthood of Kentucky
c/o Jennifer Johnson
508 W Second St
Lexington, KY 40508

Or email:
Jennifer.Johnson@ppfa.org

859.252.8494 ext. 21