T E X A S P A N H A N D L E

Family Planning & Health Centers

Application Form for Peer Educators

Date _____

Name _____

Address _____

Street City State Zip

Phone Number _____ Social Security Number_____

Parent or Guardian _____

School Attending _____ Current Grade _____

Grade Point Average _____ Not attending school ____ Last grade completed _____

Have you ever been convicted of a crime? ____ If yes, please explain _____

_____

General Information:

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. Names, address and Phone number of 3 adults not related to you whom we can contact for references (include at least one teacher or school counselor). _____

_____

_____

_____

5. If currently under a physician's care, please explain. _____

_____

6. Times/days you are unavailable to work? _____

_____

7. Extracurricular activities _____

8. List any relative(s) that work(s) for Texas Panhandle FPHC.

_____

9. All of the above statements are true, and you have my permission to verify them.

Applicant's Signature _____