

PEER LEADER TRAINING APPLICATION FORM

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Alternate Phone Number: _____

Referral Source (if any): _____

What is your current age? Under 60 60 – 70 Over 70

What is your gender? Female Male

What is your race? (Mark all that apply.)

American Indian or Alaska Native

Hawaiian Native or Pacific
Islander

Asian or Asian-American

White or Caucasian

Black or African-American

Other: _____

Do you have a chronic condition? Yes No

How would you get to the workshops?

Drive myself

Take OPT or Access

Get a ride

Don't Know

Take the bus

Are you willing to facilitate the workshop in areas other than your own neighborhood or township? Yes No

If yes, please check all the areas you are interested in.

City only

North suburbs

Mon Valley

East suburbs

South suburbs

West suburbs

Are you prepared to facilitate a workshop starting in April or May 2011?

Yes No

Are you comfortable with the idea of public speaking or facilitating groups?

Yes No

Are you willing to follow a structured and set curriculum in order to ensure that the program is followed in the correct way?

Yes No

Do you consider yourself to be someone who practices healthy behaviors in your own life?

Yes No

Have you taken the Better Choices, Better Health workshop as a participant?

Yes No

Briefly describe why you would like to become a Peer Leader:

Return this application via regular mail to:

Michael Smith, Coordinator
Better Choices, Better Health
Vintage, Inc.
401 N. Highland Avenue
Pittsburgh, PA 15206