



In Control Program
470 West Main St.
585-463-3859

Peer Educator Application

Name: _____ Date: _____

Social Security # _____

Address: _____
(street)

(City) (State) (zip)

Home Phone #: _____ Email: _____

School: _____ Grade: _____

Age: _____ Work Permit: yes _____ or no _____ GPA _____

Name of parent or legal guardian: _____

Parent/Guardian address: _____
(Street)

(City) (State) (Zip)

Home Phone#: _____ Work Phone#: _____

In Case of an Emergency please Contact:

Name: _____ Relationship: _____

Day Time Phone: _____ Evening Phone: _____

Work Experience:

Name & Address: _____

Dates: From _____ To _____

Kind of Work: _____

Reason for Leaving: _____

Name & Address: _____

Dates: From _____ To _____

Kind of Work: _____

Reason for Leaving: _____

Name & Address: _____

Dates: From _____ To _____

Kind of Work: _____

Reason for Leaving: _____



**In Control Program
470 West Main St.
585-463-3859**

Why Do You Want To Be a Peer Educator?

How Do You Feel About Peers Teaching Peers?

How Do You Feel About Talking in Front Of a Large Group?

Where do you see yourself in 5 years?

Do you consider yourself a Role Model? _____ Why?

Scenario: You have been trained as a peer educator and one of your peers confides in you and says that they think that they are running away from home, they just need to get away? What advice do you give them? Do you tell anyone else about their decision?

Thank You for Applying to be an In Control Peer Educator!



In Control Program
470 West Main St.
585-463-3859