



Peer Counseling Program

Counselor Application

Please fill out this application and return it to the Mental Health Association of Southwest Florida. All information on this application is considered confidential. Please keep your answers brief.

Name _____ Date of Birth _____

Address _____

Telephone _____

How did you hear about the Peer Counseling Program?

What do you think are some of the problems caregivers Experience?

Have you ever had experience with aging parents, grandparents, caregiving, etc?
Describe.

Why are you interested in participating in peer counseling?

Do you think that participating in the program could influence you personal life in any way? Describe.

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Do you believe that one's behavior and attitudes can have an effect on one's health? Explain.

What qualities do you have that you think would help you to become a good Peer counselor?

What is your education level?

Describe any experiences you have had with counseling or health education.

Do you have any health problems that would limit your involvement in the program? Please explain.

What do you use for transportation?

Any additional comments?