



Peace Zone

Application for Volunteer Peer Mentor Program

Name _____
(Last) (First) (MI)

Street address _____
City/State/Zip

Telephone _____ Email address _____

Circle: Home-Cell-Work

Are you over the age of 18? Y _____ N _____

Emergency contact name _____

Emergency contact phone number _____

Relationship to you: spouse, son, etc. _____

Highest level of education _____

If attended college, name of college _____

Major area of study _____ Degree earned? Y _____ N _____

Previous work/volunteer experience _____

Use additional paper, if needed

Current employer, if employed _____

Certifications and expiration dates (such as CHW/CRS, etc.) _____

Training or experience pertinent to this volunteer position _____

What skills do you have, such as computers, tutoring, public speaking, etc.?

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? A conviction record will not necessarily be a bar to volunteering. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law. Y _____ N _____

If yes, please explain in detail

Hours and days available _____

Why are you interested in volunteering for Peace Zone? _____

How did you hear about this volunteer position?

*In order to become a Mentor, you must become certified as a Community Health Worker/Certified Recovery Specialist (<http://www.chwcrs.org/>). The training takes a week to complete. Requirements: at least 18 years old, a resident of Indiana and at least a high school diploma or GED to complete training.

Are you able to meet the requirements for training? Y ____ N ____

References (Please list three)

Name	Title/Position	Phone Number

Signature

Date

*If you are unable to qualify, would you be interested in other volunteer opportunities and like to be contacted? Y _____ N _____

E-mail this application to info@peaceevansville.org

OR mail to:

Peace Zone
410 Mulberry St
Evansville, IN 47713