

POSITIVE WAYS PEER EDUCATOR APPLICATION

Peer Educator Contact Information	
Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	
<small>Street Address</small>	

<small>City, State, Zip</small>	
Phone: _____	Cell: _____
Other: _____	Email Address: _____
Parent/Guardian Contact Information	
Name: _____	Relationship: _____
Home phone: _____	Work phone _____
Cell phone: _____	

Race: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
Date of Birth: _____
<small>Month Day Year</small>
Means of Transportation: _____
Grade in School: _____ GPA: _____

Please list below all extracurricular activities that you are involved in:

References:	
<i>Please list two adults who know you well, who are not your parents or relatives. For example: a teacher, religious leader, youth club advisor, boss, etc.</i>	
Reference Name: _____	Relationship: _____
Home phone: _____	Cell: _____
Work phone: _____	
Reference Name: _____	Relationship: _____
Home Phone: _____	Cell: _____
Work Phone: _____	

Why would you be an asset to the *Positive Ways* Peer Education Group?
(50 words or less)

Please list and describe any community, church or school work experience you have done that might be related to this program:

What are your thoughts on the best way to prevent teen pregnancy?
(25 words or less)

Is there anything else that you would like the selection committee to know about you or any comments you have?

STUDENT SIGNATURE

Date

PARENT SIGNATURE

Date

PLEASE RETURN COMPLETED FORM TO:
OKLAHOMA INSTITUTE FOR CHILD ADVOCACY
3909 N Classen Blvd, STE 101, OKLAHOMA CITY, OK 73118
OR SCHOOL SPONSOR
IF YOU HAVE ANY QUESTIONS PLEASE CALL SHANTE FENNER AT
236-5437 EXT 107