

Application
Peers Supporting Peers
Team Membership



Individuals interested in pursuing membership in the team will be asked to complete this application for review by the Membership/Team Structure Committee.

I. Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home/Cell): _____ Phone (Work): _____

II. Employment Information

Current Unit/Department: _____ Current Title: _____

Primary shift worked: _____ Clinical experience (years): _____

III. Clinical Experience

What experience do you have in providing any of the following? (Include specific information about those experiences that are applicable to you)

- a. Individual Counseling/Coaching
- b. Small group work
- c. Stress Management
- d. Training or education in other areas (please specify areas)

How did you hear about the Team?

Why would you like to become a member of the Team?

Comment or additional information you would like use to know about you to aid in the Team selection process. _____

I would like to be considered for the role of team peer supporter.

Applicant's Signature _____ Date: _____

I endorse this applicants request to join the team.

Manager Signature: _____ Date: _____

Peer Endorsement:

Peer Endorsement: