



## Partnership For Success (PFS) PEER EDUCATOR APPLICATION

Thank you for your interest in peer educator with GALA. The following information you provide will assist us in selecting and assigning Peer Educator roles, planning and collecting data. Please help us to get to know you better. Please email completed form to [galaguam.pa@gmail.com](mailto:galaguam.pa@gmail.com). Questions/comments about this form, call **969-5483**.

**(PLEASE PRINT CLEARLY AND MARK THE APPROPRIATE BOXES)**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Nickname you wish to be called while a peer educator \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Please only list the numbers where we may contact you openly

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Bilingual?  Yes  No (List languages you read, speak, or write)

\_\_\_\_\_  Read  Speak  Write \_\_\_\_\_  Read  Speak  Write

\_\_\_\_\_  Read  Speak  Write \_\_\_\_\_  Read  Speak  Write

How do you identify yourself?  Gay  Lesbian  Bisexual  Transgender  Heterosexual

Are you willing to identify yourself as such to program participants?  Yes  No

If your answer is heterosexual, what is your connection to the LGBT Community?

\_\_\_\_\_  
\_\_\_\_\_

Education (Last year completed/major) \_\_\_\_\_

Last School/College attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Do you have transportation?  Yes  No

Do you have any physical, medical or psychological limitations that may affect your peer educator responsibilities?

(e.g., heart condition, diabetes, allergies, back injuries, mental illness, etc.) If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

**Background, Interest, and Skills  
(Please also attach your resume or statement of work)**

How did you hear about peer educating with GALA?

Friend    Another Peer Educator    Volunteer    Attended an event    Website    Board Member

Do you have prior experience as a peer educator?    Yes    No

Program/Agency	Position	Supervisor	Phone Number
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Describe your education; training; skills; talents

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Describe your experience working as part as a team

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**PEER EDUCATOR OPPORTUNITIES**

When can you peer educate?    Weekdays    Evenings    Weekends

I would like to peer educate \_\_\_\_\_ Hours per Week

Days and times available:                      (Place an **X** in the box where applicable)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							



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Which Peer Educator Opportunities would you be interested in? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Clerical Support                                 | <input type="checkbox"/> Fundraising Events                                  |
| <input type="checkbox"/> Newsletter                                       | <input type="checkbox"/> Speaker's Bureau – topics or program _____          |
| <input type="checkbox"/> Community Education                              | <input type="checkbox"/> Professional Training – topics _____                |
| <input type="checkbox"/> Volunteer Recruitment                            | <input type="checkbox"/> Website Development/Maintenance                     |
| <input type="checkbox"/> Annual Pride Event/Planning                      | <input type="checkbox"/> Community Outreach - Events/Charities Participation |
| <input type="checkbox"/> LGBT Rights Activist                             | <input type="checkbox"/> Sporting Events/Participation                       |
| <input type="checkbox"/> Youth Events (summer camp counselor/coordinator) | <input type="checkbox"/> LGBT Family & Friend Support Group                  |

**ADULT OUTREACH**

- Suicide Prevention/Counseling
- Sexual Assault Prevention/Counseling
- Intimate Partner Violence Prevention Counseling
- Hate Crimes Prevention/Counseling
- Chemical Dependency Treatment  
Prevention/Counseling

**YOUTH OUTREACH**

- Suicide Prevention/Counseling
- Sexual Assault Prevention/Counseling
- Intimate Partner Violence Prevention/Counseling
- Hate Crimes Prevention/Counseling
- Chemical Dependency Treatment  
Prevention/Counseling

Other: \_\_\_\_\_

1. Have you ever been convicted of or charged with a felony the disposition of which was other than acquittal or dismissal?	YES	NO
2. Has any professional liability claim or suit ever been made against you?	YES	NO
3. Are there any charges or complaints pending against you by any licensing board or professional ethics body for professional misconduct, unprofessional conduct, incompetence or negligence?	YES	NO

If you answered yes to any of the three questions, please provide a detailed explanation on a separate page.

References – Please list three people other than relatives:

Name	Address	Phone (work/home)	Relationship
Name	Address	Phone (work/home)	Relationship
Name	Address	Phone (work/home)	Relationship

What do you hope to gain by being a peer educator for GALA?

\_\_\_\_\_

\_\_\_\_\_

Do you hold beliefs that would limit your ability to work with victims of sexual assault or domestic violence, suicidal people or LGBT people?       Yes     No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Applicants Agreement**

Please read the following and initial beside the sentence.

- \_\_\_\_\_ I authorize GALA to seek medical treatment in case of accident, injuries or illness.
- \_\_\_\_\_ I agree to attend any peer educator orientation and training workshops and abide by the policies and procedures presented to me.
- \_\_\_\_\_ I understand that my peer education for certain events may require a specific time commitment from me.
- \_\_\_\_\_ I understand that if I am injured as an unpaid member of the peer educator staff, I am not covered by the Guam Workers Compensation Law.
- \_\_\_\_\_ I understand that I serve at the discretion of GALA and must conform to the appropriate rules and regulations that commonly apply to regular GALA Board members and/or employees.
- \_\_\_\_\_ I understand that as a peer educator at an event, I represent GALA and will act in a manner that will positively reflect the organization to the public.
- \_\_\_\_\_ I agree to hold GALA, its employees, peer educators, volunteers, and officers harmless in all matters relating to my service as a peer educator, including but not limited to personal injury.
- \_\_\_\_\_ I understand that GALA may require that some discussions be held in strictest confidence.

Thank you for your interest in this program. We appreciate your desire to become a peer educator. Please note that we will screen each applicant and check their references before you start serving as a peer educator for GALA. Before starting peer educator work you will be required to submit a Guam Court Clearance. Each candidate has the right to discuss problems or concerns with the board as needed.

I have read and understand the above information and the program policies and procedures and agree to abide by them. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted as a peer educator, falsified statements contained on this application may be considered grounds for dismissal. I authorize investigation of all statements contained herein and contact of the references listed to give you any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing shame to you.

\_\_\_\_\_ Date  
Peer Educator Signature

**If you are under 18, your parent or legal guardian must complete the following.**

\_\_\_\_\_ Date  
Signature of Parent or Guardian

**I understand that because my child is under 18, he or she might need to be accompanied by an adult at the discretion of the Event Coordinator and GALA will contact me prior to the event. If accompanying adult will not be the parent or legal guardian, please complete the following:**

I authorize \_\_\_\_\_ to supervise my child in his or her GALA peer educator activities.  
Relationship to peer educator \_\_\_\_\_

\_\_\_\_\_ Date  
Signature of Parent or Guardian

<b>OFFICE USE ONLY</b>			
App recd _____	Refs called _____	Interview date _____	Police Clearance recd _____
Notes _____			
_____			