



1900 Royalty Drive #210, Pomona CA 91767
 Phone: 909-623-6131/Fax: 909-865-0867
 website: www.tricitymhs.org

TO BE COMPLETED BY TRI-CITY
 Date application reviewed: _____
 Approved Denied

Application for Peer Counseling Training

WHAT AGE GROUP ARE YOU APPLING FOR

TAY (Transitional Age Youth) AGES 16-25 SENIOR AGES 60+

DEMOGRAPHIC INFORMATION

APPLICANT'S NAME: LAST	FIRST	MI	DAY TIME TELEPHONE NUMBER
MALIGN ADDRESS			CELL NUMBER
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			HIGHEST LEVEL OF EDUCATION COMPLETED
PRIMARY LANGUAGE SPOKEN AT HOME		OTHER LANGUAGES	
ETHNIC, CULTURAL, AND/OR RACIAL COMMUNITIES (CHECK ALL THAT APPLY) <input type="checkbox"/> African American <input type="checkbox"/> Cambodian <input type="checkbox"/> Persian <input type="checkbox"/> American Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Russian <input type="checkbox"/> Armenian <input type="checkbox"/> Korean <input type="checkbox"/> White <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Latino <input type="checkbox"/> Other _____			

EMPLOYMENT INFORMATION

EMPLOYED	VOLUNTEER
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NONE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NONE
EMPLOYER NAME (FOR VOLUNTEER WORK, PLEASE PROVIDE THE NAME OF THE ORGANIZATION)	
TITLE OF CURRENT POSITION AND LENGTH OF EMPLOYMENT/VOLUNTEER WORK	CONTACT NUMBER

BRIEFLY DESCRIBE YOUR CURRENT JOB DUTIES OR YOUR ACTIVITIES AS A VOLUNTEER.

STATEMENT OF UNDERSTANDING

Please read - Signature Required

* I understand that training slots are limited and therefore submission of this application does not guarantee admission.
 * I understand that this is a volunteer program and I will not be a paid employee of Tri-City Mental Health Center.

SIGNATURE	DATE
PARENT/GUARDIAN SIGNATURE (if the applicant is a minor)	DATE

1. Why do you want to become a peer counselor?

a. What do you hope to contribute?

b. What do you hope to gain from the experience?

2. What qualities would make you a good peer counselor?

3. Please describe yourself: major skills, interests, and personal qualities.

4. List any experience related to peer counseling.

5. Do you have any relevant coursework and/or counseling experience that you can bring to this position?

PLEASE SUBMIT APPLICATION BY DUE DATE TO:
TRI-CITY MENTAL HEALTH CENTER
1900 Royalty Drive #210
POMONA, CA. 91767
or fax it to: 909-865-0867 attn: Peer Counselor Coordinator