

## 2019 SENIOR PEER COUNSELOR APPLICATION

Please fill out this application and mail or email to the address listed below. All information on this application will be considered confidential. Keep your answers brief. You will have ample time in the personal interview to elaborate on your answers. Appointments will be scheduled for interviews after your application has been received and reviewed.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ (Home or Cell)

E-Mail Address: \_\_\_\_\_

How did you hear about this program?

What do you appreciate about yourself and others, as you have grown older?

What have been your experiences with aging relatives, family members, friends, etc.?

What do you think are some life transition problems seniors confront as they age?

How do you feel about your own aging?

Why are interested in participating in the program?

How do you think participating in the program could influence your personal life?

What qualities do you have that you think would help you to be a good peer counselor?

Describe any experiences you have had with counseling.

Describe some of your previous employment/volunteer activities.

**Organization**

**Position**

**Length of Stay**

What do you use for transportation?

Do you have any concerns about the one-year commitment to active volunteering after you complete the training?

How do you feel about filling out this application?

Any additional concerns or comments?

Please return by mail or email to:  
Heidi Stein, LCSW, Tri-City Senior Peer Counseling Program  
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