

# SENIOR PEER COUNSELING

## TRAINING APPLICATION

Please fill out this application and return it to: Contra Costa Senior Peer Counseling, 2425 Bisso Lane, Suite 100, Concord, CA 94531. Information provided on this application is considered confidential. Please keep your answers brief. You will have the opportunity to elaborate during the group meeting prior to training.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

How did you hear about Senior Peer Counseling?

What are some of the problems facing older adults?

Have you had experience with aging parents/grandparents etc? Describe:

How do you feel about your own aging?

Why are you interested in participating in Senior Peer Counseling?

Do you think your participation could influence your personal life in any way? Describe:

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Do you believe that one's behavior and attitudes can have an effect on one's health?  
Explain:

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

Have you ever received Senior Peer Counseling? If yes, how long ago? If yes, who was your counselor?

Describe any experiences you have had with counseling:

Describe some of your previous employment/volunteer activities:

<b>Organization</b>	<b>Position</b>	<b>Length of Stay</b>
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Do you have any health problems that would limit your involvement in this program?

What do you use for transportation?

Do you speak any languages other than English? Please list:

Do you have any special needs? (Hearing, sight, mobility, etc.)

How do you feel about filling out this application?

Any additional comments:

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_