



Senior Outreach
Family Service Agency of the Central Coast
104 Walnut Ave
Santa Cruz, CA 95060
831-423-9444
fsa-cc.org

PEER COUNSELOR VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____ AGE: _____

LANGUAGE(s) SPOKEN: _____

EMERGENCY CONTACT: _____ # _____

WHERE DID YOU HEAR ABOUT PC TRAINING: _____

OCCUPATION/PROFESSION: _____

LIST TRAINING OR EXPERIENCE IN THE COUNSELING OF OTHERS:

WHAT IS MOTIVATING YOU TO BECOME A PEER COUNSELOR:

COMMENTS:

SIGNED: _____ DATE: _____