

Peer Ambassador Application Form

Date:

Personal Information

First Name:

Last Name:

Address:

City:

Postal Code:

Phone number:

E-mail:

How do you prefer to be contacted?

Are you 18 years of age or older?

Languages spoken:

Current employer/position (if applicable):

How did you first hear about Addiction Services of Thames Valley?

Has someone recommended you for a Peer Ambassador role?

If yes by who?

Briefly describe why you want to be a volunteer Peer Ambassador:

Do you have any special hobbies, skills or abilities you want us to know about? (if yes please describe)

Are you applying for a Peer Ambassador position posted on our website?

If yes list the position title:

If no, briefly tell us what area of the agency you are interested in being involved in:

Briefly describe what you know about ADSTV and/or any previous involvement with the agency that you want us to know about:

Availability Please check all that apply

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Please provide any other relevant information regarding your availability:

References Please provide contact info for 3 references. At least one reference provided MUST be a professional reference (paid or unpaid)

Reference 1:

First Name:

Last Name:

Address:

City:

Postal Code:

Phone number:

E-mail:

How long have you known this person?

Relationship to this person:

Reference 2:

First Name:

Last Name:

Address:

City:

Postal Code:

Phone number:

E-mail:

How long have you known this person?

Relationship to this person:

Reference 3:

First Name:

Last Name:

Address:

City:

Postal Code:

Phone number:

E-mail:

How long have you known this person?

Relationship to this person:

Acknowledgement

I acknowledge that the information contained in this application is completed and truthful and I give ADSTV my permission to contact the references that I have provided.

Signature:

Date: