

**Center for Successful Aging
Senior Peer Counseling Training Program
APPLICATION**

Please complete application and return to: **Center for Successful Aging, 228 E. Anapamu #208**, Santa Barbara CA 93101. All information will be treated confidentially. Please keep answers brief; your personal Applicant Interview will afford you ample time to elaborate. We will contact you for an appointment as soon as possible after your application has been received.

NAME ADDRESS CITY HOME PHONE	STATE CELL PHONE	DATE OF BIRTH ZIP E-MAIL
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HOW DID YOU HEAR OF THIS PROGRAM?	WHAT APPEALS TO YOU ABOUT THIS PROGRAM?
WHAT TO YOU IS AGING SUCCESSFULLY?	HOW DO YOU FEEL ABOUT YOUR PRESENT AGE?
HAVE YOU EVER WORKED WITH OLDER PEOPLE (FAMILY INCLUDED)?	WHAT ARE YOUR PRESENT INTERSTS AND HOBBIES?
HOW COULD PARTICIPATING IN THIS PROGRAM INFLUENCE YOUR PERSONAL LIFE?	WHAT QUALITIES DO YOU HAVE THAT YOU THINK WOULD HELP YOU TO BECOME A GOOD COUNSELOR?

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PAST EMPLOYMENT/VOLUNTEER ACTIVITIES: <u>Organization</u> <u>Position</u> <u>How Long?</u>	WHAT DO YOU USE FOR TRANSPORTATION?

WHAT IS YOUR PRESENT LIVING SITUATION?	DO YOU HAVE HEALTH PROBLEMS, WHICH WOULD LIMIT YOUR INVOLVEMENT IN THE PROGRAM? IF SO, PLEASE EXPLAIN:

REFERENCES: (FROM 3 PEOPLE)	

PLEASE INCLUDE YOUR VITAE WITH THIS APPLICATION

**FOR INFORMATION CALL: (805) 898-8080
OR EMAIL INFO@CSASB.ORG OR VISIT WEBSITE
AT WWW.CSASB.ORG**