

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

Please complete this application and return to: **Center for Successful Aging, 228 E. Anapamu, Ste. 208, Santa Barbara, CA 93101, or email to info@csasb.org.**
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

DATE OF BIRTH
E-MAIL ADDRESS
ZIP
CELL PHONE

HOW DID YOU HEAR OF THIS PROGRAM?	WHAT APPEALS TO YOU ABOUT THIS PROGRAM?
WHAT DOES SUCCESSFUL AGING MEAN TO YOU	HOW DO YOU FEEL ABOUT YOUR PRESENT AGE?
HAVE YOU EVER WORKED WITH OLDER PEOPLE (FAMILY INCLUDED) ?	WHAT ARE YOUR PRESENT INTERESTS AND HOBBIES?
HOW COULD PARTICIPATING IN THIS PROGRAM INFLUENCE YOUR PERSONAL LIFE?	WHAT QUALITIES DO YOU HAVE THAT WILL HELP YOU TO BECOME A GOOD COUNSELOR?

PAST EMPLOYMENT/VOLUNTEER ACTIVITIES:
Organization Position How Long?

WHAT DO YOU USE FOR TRANSPORTATION?

WHAT IS YOUR PRESENT LIVING SITUATION?

DO YOU HAVE HEALTH CONCERNS WHICH
WOULD AFFECT YOUR INVOLVEMENT IN THE
PROGRAM? IF SO, PLEASE EXPLAIN:

REFERENCES: (NAME 3 PEOPLE)
NAME PHONE

- 1.
- 2.
- 3.

IS THERE ANYTHING ELSE YOU WANT
TO TELL US?

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