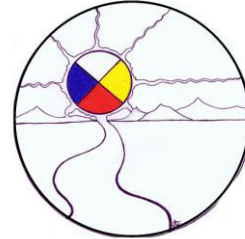


# BECOME a UNBC Peer Counsellor!

Peer Counsellors are trained to actively listen, help clarify issues and offer personal support to fellow students. The program is open to **ALL** UNBC students!

## Are you...

- Dedicated?
- A great listener?
- Empathic?
- Committed to helping others?
- Willing to volunteer your time?



## As a Peer Counsellor you will:

- Develop and broaden your communication and people skills
- Meet other students and staff and develop lasting friendships
- Participate in a satisfying volunteer experience that will add to your resume and personal development

## As a volunteer you must be:

- Enrolled in your 2<sup>nd</sup> year or higher at UNBC
- Able to commit to 3 volunteer hours each week
- Able to attend all required training sessions
- In good academic standing as a student

## Training & Development:

- **Tuesday August 30 to Friday September 2, 2011** at UNBC for students volunteering in the 2011-2012 academic year.
- **September 16-18, 2011** at Camp Friendship. All meals, accommodation and transportation will be provided to participate in this training weekend.

All training sessions are required to maintain your participation in the program.

## Need more information? Have questions? Please contact:

Toni Carlton, Peer Counsellor Coordinator  
(250)960-5596-phone/ (250) 960-5547-fax  
carlton@unbc.ca

## Personal Information:

Full Name:	
Name you are usually called:	Birth date:
UNBC Student #:	
Prince George Address:	Postal Code:
Summer Address: (if different)	Postal Code:
Home Phone: (with area code)	
Cell Phone: (with area code)	
Email address:	
Program your are in at UNBC:	
Anticipated Graduation year:	
Alternate Contact Name:	Relationship to you:
Phone: (with area code)	City/Town:

Do you have a current completed criminal record check? Yes / No

Are you willing to fill one out to participate in this program? Yes / No

Do you have any concerns about filling one out? Feel free to tell us about them:

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*Please note that any concerns that you have about what may show up on a Criminal Record Check will be reviewed on an individual basis and may not result in being turned away from the program.*

[ ] I certify that the information included in this application is true to the best of my knowledge. I understand that providing false or misleading information can result in not being considered for the volunteer position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following questions will help us get to know more about you and what you will bring to the program as a volunteer.

1. Why are you interested in volunteering as a Peer Counsellor?

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2. What do you think are the 3 most important personal qualities a Peer Counsellor should have?

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3. Share with us a previous experience in work or volunteering that you feel shows how you demonstrated the above qualities.

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4. We all struggle and face challenges in our lives. Share a time you struggled or felt challenged and how you coped/dealt with it.

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5. What does being part of a team mean to you?

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**As a Peer Counsellor you will be providing personal support to a diverse student population who may come in with a wide variety of issues. Share your thoughts and feelings when you think of:**

**Family and relationship violence**

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**Sexual health, birth control and abortion**

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**Alcohol and drug use and misuse**

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**Suicide**

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**Mental illness**

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**Homosexuality, gay/lesbian/two-spirited, transgendered**

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**Cultural rights and practices**

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Please supply us with the names and contact information of 3 people whom we can call for a reference. It is best if at least 2 of your references are people who have supervised you in employment, volunteer or educational settings. A good reference goes a long way to making a good application so pick people who can provide detailed knowledge about your skill and abilities.

**It is important that you include all their contact information.**

Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Business/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

***Please return the completed application to the First Nations Centre  
(rm. 7-102A or 7-109) by the end of March 2011.***