

Konocti Senior Support, Inc.



**Mail APPLICATION to: P.O. Box 6668, Clearlake, CA 95422
(707) 995-1417**

Please fill out this application and return it to Senior Peer Counseling. All information on this application is considered confidential. Please answer the questions specifically.

Date of Application: _____

Name _____ Birth Date _____

Address _____

Telephone (required) _____

Email: _____

How did you hear about this program? _____

What are some of concerns/problems older people experience?

What do you think are some of the positive things about growing older?

How do you feel about your own aging process?

Why are you interested in participating in the program?

How you imagine participation in Senior Peer Counseling could influence your personal life?

In what way do you believe one's behavior and attitudes have an effect on one's health?

What qualities help one become an effective peer counselor?

Describe any experience you have with counseling or health education.

Describe some of your previous employment/volunteer activities.

Please explain any health problems that would limit your involvement in the program or might help you understand another's situation better.

What form of transportation would you be using? _____

What else would you like us to know about you? _____
