

# Planned Parenthood® of Indiana

## Peer Educator Application

\* Required

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Name \*

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Address \*

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Age \*

Social Security Number \*

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City \*

State \*

ZIP \*

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Email address \*

Date of birth \*

Morning    Afternoon    Evening    Weekends

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Phone number \*

Best time to call (circle one) \*

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Parent/guardian (if under 18)

School name

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Current grade you are in this year

Current grade point average (GPA)

1. Why are you interested in becoming a peer educator? \_\_\_\_\_

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2. What special qualifications do you bring to this position? \_\_\_\_\_

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# Planned Parenthood® of Indiana

3. Previous employment or volunteer experience: \_\_\_\_\_

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4. If currently under a physician's care, please explain: \_\_\_\_\_

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5. Times/dates you are definitely NOT available: \_\_\_\_\_

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6. Extracurricular activities: \_\_\_\_\_

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In applying to the Planned Parenthood of Indiana Peer Education Program, I, the undersigned:

- a. Hereby state that all of the above statements are true;
- b. Understand that my services as a Peer Educator will be offered on a voluntary basis;
- c. Understand that it is Planned Parenthood of Indiana's mission to Protect, Provide and Promote Reproductive Health for all and that it is Planned Parenthood of Indiana's goal to accomplish its mission through providing reproductive health services, advocacy and education services.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name**

# Planned Parenthood<sup>®</sup> of Indiana

***Please print out and return the completed application and [consent form](#) to:***

Leslie Montgomery  
Director of Education  
Planned Parenthood of Indiana  
200 South Meridian Street, Suite 400  
Indianapolis, IN 46225  
Phone: (317) 637-4140  
Fax: (317) 637-4141  
[peered@ppin.org](mailto:peered@ppin.org)