



# Peer Support Program Application

The Peer Support Program is designed to help our members improve their professional skills. It is offered only to members and is designed to assist those who request peer support.

All decisions concerning design and implementation of an individual program will be made with the full consent and approval of the applicant.

Confidentiality will be respected, and personal information will be available only to the members of the Peer Support Program Committee and assigned UniServ staff.

### To be filled out by Applicant

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Work Location \_\_\_\_\_ School District \_\_\_\_\_

Job Assignment \_\_\_\_\_

How long in profession? \_\_\_\_\_ How long in district? \_\_\_\_\_

Brief General Statement of Reason(s) for Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specifically, what professional skills would you like to improve, or in what areas would you like assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To Be Completed by WEA UniServ Office

Membership ID/Verified? \_\_\_\_\_ Checked By \_\_\_\_\_ Date: \_\_\_\_\_

**Return to : WEA Chinook – Email: [jlael@washingtonea.org](mailto:jlael@washingtonea.org) or FAX (360) 943-0675  
5220 Capitol Blvd SE, Tumwater, WA 98501**