



**APPLICATION**  
**forYOU Team Membership**

Individuals interested in pursuing membership in the forYOU Team will be asked to complete this application for review by the Membership/Team Structure Committee.

**I. Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home/Cell) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

**II. Education Information**

Highest degree of education received \_\_\_\_\_

Degree received \_\_\_\_\_ Year \_\_\_\_\_

**III. Employment Information**

Current unit/department \_\_\_\_\_ Current title \_\_\_\_\_

Primary shift worked \_\_\_\_\_ Clinical experience (years) \_\_\_\_\_

**IV. Clinical experience**

What experience do you have in providing any of the following? (Include specific information about those experiences that are applicable to you)

- a. Individual Counseling/Coaching
- b. Small group work
- c. Stress Management
- d. Training or education in other areas (please specify areas)

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How did you hear about the forYOU Team?

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Why would you like to become a member of the forYOU Team?

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Comments or additional information you would like us to know about you to aid in the forYOU Team selection process.

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*I would like to be considered for the role of forYOU team peer supporter.*

*Applicant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*I endorse this applicants request to join the forYOU team.*

*Manager Signature* \_\_\_\_\_ *Date* \_\_\_\_\_