



WOW Volunteer Application Form – Peer Leader Training

Contact Information

NAME: _____

TELEPHONE: _____

ADDRESS: _____

EMAIL ADDRESS: _____

Information

Are you currently a client of the London InterCommunity Health Center, or do you attend group, meetings, workshops or other sessions here?

Yes No

If yes, please specify _____

Languages Spoken other than English _____

Please indicate if you can also read and write in the language specified above?

Read&Write

Read Write

Would you feel comfortable enough to lead a group in the language noted above?

Yes No

Special Needs _____

Experience/Skills/Education

Previous or current volunteer experience _____

Previous or current work experience _____

Special skills, hobbies, memberships, interest groups, activities _____

Education _____



London
InterCommunity
Health Centre

WOMEN OF THE WORLD

www.lihc.on.ca

Motivation/Goals

How did you hear about London Intercommunity Health Center and the WOW Program? _____

Apart from helping in the community, what are your reasons for wanting to become a volunteer Peer leader?

Do you have experience working with people in groups?

Yes No

If yes, describe your experience(s) _____

Have you been involved in a self-help group or women's group before?

If yes, please describe _____

What special skills, experiences, and personal qualities do you have that you feel can contribute to making you a successful Women of the World Peer Leader?

Thank you for your interest!

Please fill out the application and send completed form to the contact below by email, post-mail, fax or print and drop in-person. The application will be followed by a pre-training interview as part of the recruitment process.

London Intercommunity Health Center
Women of the World Program Coordinator
659, Dundas St. East
London, ON N6H 0B4

Tel: 519-660-0874
Fax: 519-642-1532
Email: olawal@lihc.on.ca



WOMEN OF THE WORLD

www.lihc.on.ca