



Sanguen Health Centre

Hello!

Thank you for your interest in becoming a Peer Outreach Worker for the Sanguen Team. Peer work is a great way to give back to the community, help others, gain new knowledge and meet new people. Our Peer Outreach Workers are extremely valuable in our plan to help keep our community safe from the transmission of Hepatitis C.

Attached is an application form that must be completed by all potential Peer Outreach Workers. After we have received your application, we will determine whether we have an opening that fits with your interests, skills and availability.

If an opening does not exist, we will keep your application on file and contact you as soon as a position is available.

If an opening does exist, you will be invited to an informal interview where we will get to know you better, discuss the Outreach program in more detail and talk about how you might fit in. After the interview, if we agree that you'd be a good fit, you will be advised about training dates and times.

If you have any questions about becoming a Peer Outreach Worker or about our team, please get in touch.

Take good care!

Violet Umanetz, RSSW

Sanguen Health Centre
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519-574-7222
outreach@sanguen.com



Sanguen Health Centre

PEER OUTREACH WORKER APPLICATION FORM

Name: _____ Your date of birth: _____

Address: _____

Home Phone: (_____) _____ Can we leave a message this number? YES NO

Mobile Phone: (_____) _____ Can we leave a message this number? YES NO

Email address: _____

Emergency Contact Name: _____

Emergency Phone #: (_____) _____ Relationship to you: _____

Previous Volunteer Experience: _____

Do you have access to a vehicle? YES NO Do you have a driver's license? YES NO

What days/times are you available to work for us?: _____

What city(s) are you available to work in?: _____

Why do you want to be a Peer Worker? _____

Do you have any experience with Hepatitis C? _____

How do you feel about working with people with a different lifestyle choice or of a different sexual orientation from your own?

Are you interested in being part of the joint Sanguen-ACCKWA outreach team or would you prefer to focus solely on assisting Sanguen?

Outreach Interests

The following list includes some of the peer work that may be available. Please check the activities that interest you the most. Check as many, or as few, as you like.

- | | |
|--|--|
| <input type="checkbox"/> Making supplies (crack kits, syringe bundles, etc.) | <input type="checkbox"/> Presentations to Youth |
| <input type="checkbox"/> Park / Street Outreach | <input type="checkbox"/> Presentations to Professionals / Agencies |
| <input type="checkbox"/> In-agency Outreach | <input type="checkbox"/> Assisting with Home Deliveries |
| <input type="checkbox"/> St. John's Kitchen | <input type="checkbox"/> Out of The Cold |
| <input type="checkbox"/> Other: _____ | |

Is there anything else we need to know about you?

RELEASE FORM

All information in this application is treated as CONFIDENTIAL and will only be used for the processing of new peer volunteers. I understand that I am under no obligation to volunteer as a peer worker for Sanguen and that Sanguen is under no obligation to accept my services.

If my application is approved, I agree to serve as a peer outreach volunteer and commit to:

- 1) Perform my volunteer duties to the best of my abilities
- 2) Adhere to the policies and procedures of Sanguen Outreach
- 3) Meet time and duty commitments, or provide adequate notice so that alternate arrangements can be made

I am aware that information contained in this application may be shared with other staff of Sanguen and with The AIDS Committee of Cambridge, Kitchener, Waterloo and Area (ACCKWA) on a "need to know" basis and I agree to such disclosures as required. Information will only be shared with ACCKWA if I will be performing outreach as part of the joint Sanguen-ACCKWA outreach team.

I, _____ have read the above Release Form and agree to abide to the principles while working with Sanguen Outreach. I also agree to read the Sanguen Outreach policy on Confidentiality and adhere to the terms and conditions set within.

Signed: _____

(Your signature)

Date: _____

For office use only:

Received by: _____

Date received: _____