



# Wellness Program Peer Helpers Form of Interest

## Contact Information

Name	
Room/Apartment	
House	
Telephone	
E-Mail	

## Availability

Indicate which days/evenings and times you are available to volunteer as a Wellness Program Peer Helper.

- Monday\_\_\_\_\_
- Tuesday\_\_\_\_\_
- Wednesday\_\_\_\_\_
- Thursday\_\_\_\_\_
- Friday\_\_\_\_\_
- Saturday\_\_\_\_\_
- Sunday\_\_\_\_\_

## Program and year

Indicate your current program of study and year.

\_\_\_\_\_

## Skills and Other Experience

Summarize any special skills and/or qualifications you have acquired that you feel would be an asset for you as a Wellness Program Peer Helper. (Attach another page if necessary)

Signature	
Date	

Please return this form in person to the Wellness Office at UC5002A or e-mail: [kneville@mun.ca](mailto:kneville@mun.ca).