



Form of Interest: Peer Helper Program

Contact Information

Name	
Phone Number	
Email	

Program & Year

Program	
Year	

Availability

State the time(s) that you are available to volunteer each day for the current semester.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Skills & Experience

Summarize any special skills and/or qualifications you have acquired that you feel would be an asset for you as a Program Peer Helper.

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Signature	
Date	

Please email completed form to swccwellness@mun.ca