



## Peer Support Worker – Job Application

<b>Full Name:</b>			
<b>Date of Birth:</b>			
<b>Gender (please circle):</b>	Male	Female	Other
<b>Phone:</b>			
<b>Email Address:</b>			
<b>Languages Spoken:</b>			
<b>Mailing Address</b>			
<b>Do you have a SIN number (please circle):</b>	Yes	No	Working on it

**Do you have lived experience with (please circle all that apply):**

- Homelessness
- Sex work
- Substance use or addiction
- Mental Health

1. Why are you interested in becoming a peer worker? (use reverse if more space is required)

2. Where did you hear about this job? *(use reverse if more space is required)*

3. Do you have any related experience? *(use reverse if more space is required)*

4. What is your availability? *(use reverse if more space is required)*

5. Other comments

*This application will remain confidential – please submit this in person to Leigh Stratton at 256 King Edward, 3<sup>rd</sup> Floor, by email to [lstratton@shepherdsogoodhope.com](mailto:lstratton@shepherdsogoodhope.com) or by fax at 613-789-0888. Please include a cover page indicating that it is going to Leigh Stratton.*