



## Ozone House Drop-In Center

### Peer Outreach Worker Application

Date:
Name:
Address:
City, State, Zip:
Phone number:
Alternate number:
Email address:
Date of Birth:
How did you hear about Ozone House?
Why are you interested in this position?
Past leadership/ work/ volunteer experience:
Company:
Duties:
Dates of employment/ service:



## Ozone House Drop-In Center

Past leadership/ work/ volunteer experience: (continued)

Company:

Duties:

Dates of employment/ service:

Current educational/ training program:

Expected date of completion:

Please list hours of availability:

Monday	Tuesday	Wednesday	Thursday	Friday

Please list 2 references (adults who are not related to you).

Name:

Name:

Relationship:

Relationship:

Phone #:

Phone #:

Is there anything else you want us to know about you?