

Columbia Barnard Rape Crisis/Anti-Violence Support Center

Peer Education/Outreach Application

Name: _____ Date: _____

School and Year: _____

Phone: _____ Email: _____

Local Address: _____

Birthdate: _____

Interested in: Peer Outreach/Education Peer Counselor/Advocate Special Events

Days/Hours Available: _____

1. Why are you interested in volunteering with the RC/AVSC? What skills and interests do you bring?

Thank you for your time!

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2. Describe any experience you have doing peer education, organizing or activism.

3. How do you feel that the issues of sexual and relationship violence affect you and/or your community?

4. Do you belong to any campus or community organizations, sororities or fraternities, or do you do any community service? Please describe.

5. We would appreciate learning anything you'd like to share about your cultural, racial, ethnic, and/or class background or identity, sexual orientation, where you grew up, politics or belief system.

5. Anything else you want us to know about you?

Thank you for your time!