

INDEPENDENT LIVING CHOICES
4107 S Carnegie Circle
Sioux Falls, SD 57106
Telephone: (605) 362-3550

PEER SUPPORT VISITOR APPLICATION

GENERAL

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternative Phone _____

Highest Level of Education _____ Occupation _____

Disability (optional) _____

Age (circle one) 14-21 22-30 31-40 41-50 51-60 60+

Person to Reach in Case of Emergency _____

Address _____

Relationship _____ Phone _____

RELEVANT EXPERIENCE

Special Volunteer Training _____

Volunteer Experience _____

Hobbies/Other Interests _____

Do you have transportation? _____ If yes, what is your primary source of
transportation? _____

Will you be willing to travel? _____

Areas in which you feel most able to help others (i.e. Sexuality, Attendant Care Issues, Housing
Modifications, Adaptive Equipment, etc): _____

Other information you would like to share with us: _____

REFERENCES

1) Name _____ Phone _____

Address _____

Relationship _____

2) Name _____ Phone _____

Address _____

Relationship _____

If accepted as a Peer Support Volunteer, you would be expected to:

- 1) Work under the supervision of the Peer Support leaders;
- 2) Maintain participant confidentiality;
- 3) Attend an initial training session and subsequent training sessions;
- 4) Be willing to follow program guidelines;
- 5) Adhere to reporting procedures established by ILC.

Please sign to indicate that you understand and accept the above statements.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date (s) of training _____

Comments

Accepted into the program _____ Not accepted _____

Peer Support Program Coordinators

Date