



**Do you have any special certificates or degrees which would be beneficial in this program? (advanced degree, counseling experience, etc)**

---

---

---

**How do you feel your qualifications and gifts could be beneficial to the clients of PfPRC?**

---

---

---

**Are you willing to make at least a 4 hour commitment each week to the PfPRC?**

---

---

**What day(s) do you prefer to volunteer?**

( ) Mon ( ) Tues ( ) Wed ( ) Thur ( ) Fri ( ) Sat

**Please tell us anything else you'd like to share.**

---

---

---

**Please list name, address and telephone of two references.**

---

---

**Thank you very much for applying.**

**FOR OFFICE USE ONLY:**

Date Received by Board for Review: _____
Date of Interview of Coordinator: _____
Background Check Completed: Yes / No Date: _____
Training Scheduled: Yes / No Date: _____