



HIV+ Peer Group Facilitator Application Form

General information

Date: _____

First Name: _____ Last name: _____
(Please list name you wish to be called)

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Work: _____ Cell: _____

What is the best way to reach you? Home Work Cell

What is the best time to reach you? _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when calling you there? Yes No

PLEASE PRINT NEATLY OR WE CANNOT ASSURE YOU THAT WE CAN CONTACT YOU!

Email: _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when emailing you there? Yes No

Optional - if you are enrolled in training or school:

What school are you currently enrolled in, if any? _____

What is your Major/Concentration? _____

What is your level/year? _____

When will you graduate? _____

Descriptive information

1. How did you hear about the group facilitator position at Center CARE Wellness?
Self Media, please specify: _____
Family Organization/service provider, please specify: _____
Friend Other, please specify: _____

2. How do you see yourself as a peer to HIV+ gay and bisexual men and men of transgender experience?



9. What skills specifically do you hope to develop?

10. What other organizations have you interned or volunteered for in the past, if any?

11. Please describe the work you did at these organizations (if any).

12. What languages do you speak? (Include ASL/American Sign Language)

_____	Native Speaker	2nd Language
_____	Native Speaker	2nd Language
_____	Native Speaker	2nd Language
_____	Native Speaker	2nd Language



13. Specify what times you are available to work or Intern to the best of your knowledge (Check all that apply): *Please note:* Center CARE offices are open on weekdays, Monday through Friday: 10am - 6pm. Group services are typically offered Monday through Thursday evenings, from 6 - 9pm. Community events are typically offered weeknights from 6 – 10pm. Outreach, advocacy and education services may be offered at unusual times, including early morning and late evening hours.

Mondays	Daytime 10am - 6pm	Evening after 6pm
Tuesdays	Daytime 10am - 6pm	Evening after 6pm
Wednesdays	Daytime 10am - 6pm	Evening after 6pm
Thursdays	Daytime 10am - 6pm	Evening after 6pm
Fridays	Daytime 10am - 6pm	Evening after 6pm
Saturdays	Daytime 10am - 6pm	Evening after 6pm

14. Are you able to commit to 3-5 hours per week?

15. Is there anything else you would like us to know about you?

For interns only: Will this internship be for school credit or part of a program? Yes No

If yes, what institution are you affiliated with and what do they require from the Center? :

If yes, please list the contact person for this internship at your school or program? (Please include phone number):



References

First Reference: Professional Personal

First Name: _____ Last name: _____

Organization (if applicable): _____

Phone: _____ Best time to be reached? _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when calling this reference? Yes No

Email: _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when emailing this reference? Yes No

What is your relationship with this reference? _____

Second Reference: Professional Personal

First Name: _____ Last name: _____

Organization (if applicable): _____

Phone: _____ Best time to be reached? _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when calling this reference? Yes No

Email: _____

Is it okay for us to identify ourselves as the Lesbian, Gay, Bisexual & Transgender Community Center when emailing this reference? Yes No

What is your relationship with this reference? _____

Submission Checklist

- Completed Internship Application Form
- Your résumé
- The names and contact information of two references
- Any relevant school or other program material

Submit materials to:

Ady Ben-Israel, LMSW
Gender Identity Project Coordinator and Program Coordinator of Center CARE
The Lesbian, Gay, Bisexual & Transgender Community Center
208 West 13th Street, New York, NY 10011
F: (212) 924-2657

Questions

Please contact the Group Services Coordinator, Ady Ben-Israel, at 646.556.9300 x259, email: ady@gaycenter.org, with any questions you might have about the internships or the application process.