



California Peer Educator Project Workshop Enrollment



PLEASE RETURN THIS FORM VIA FAX, EMAIL OR MAIL TO:

Lisa Salazar / Program Coordinator
Shanti / 730 Polk Street / San Francisco, CA 94109
415.674.4723 - voice 415.674.0373 - fax email:cpep@shanti.org

PLEASE NOTE:

(PLEASE MARK ALL THAT APPLY). ENROLLMENT FOR: LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4

NAME TITLE

ORGANIZATION

ADDRESS CITY STATE CA ZIP

TELEPHONE ALTERNATE PHONE

FAX EMAIL

SUPERVISOR'S NAME TITLE

TELEPHONE ALTERNATE PHONE

FAX EMAIL

Please review the following points regarding your agreement to participate in the California Peer Educator Project. Indicate your agreement by placing a check mark in the adjacent box.

- Our organization provides peer education services directly to people with HIV/AIDS in the Asian/Pacific Islander, Black/African American, Latino/a, Native American or Biracial Communities.

I identify as (Check all that apply.):

- Asian/Pacific Islander Native American Cultural identification not reflected? Please specify:
Biracial Latino/a
Black/African American White/European American

- I am not a clinically trained or healthcare professional.
I understand that CPEP workshops and technical assistance/mentoring are FREE.
I understand that all travel expenses are my responsibility.
I understand that I will be asked to participate in confidential research/evaluation activities of the project, including a Pre-, Mid-, and Post-survey; workshop and technical assistance evaluations; and conducting client satisfaction surveys. I understand that I can decide at any time to not participate in the research/evaluation or portions of it and still attend trainings without penalty.