



**DARE2CARE STUDENT FACILITATOR TRAINING  
APPLICATION**

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE: (Cell)** \_\_\_\_\_ **(H):** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

(Please have a parent or guardian sign below if you are under age 18)

**DESCRIBE WHY YOU WANT TO PARTICIPATE IN D2C's  
PEER-TO-PEER FACILITATOR TRAINING:**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_