Date:

Name: Age:

Vaccination Status:

Please answer each question. Use the back of this form if you need more room for your answers.

1. Why do you wish to be considered as a Safe Place program assistant? What are your best qualities that you believe can contribute?

1. Give an example of when you used your communication skills

1. This position will require training other people. What strengths do you have that will enable you to train others?



1. What challenges or concerns do you have about performing the duties of the Wellness Program Assistant?

1. Is there anything else you would like us to know about why you would be a good fit for the Wellness Program Assistant Position?