

## Peer Evaluator Application/Agreement to QA

Name: \_\_\_\_\_ Facility/Work Site: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

### Reentry and Cognitive Programs

Name: \_\_\_\_\_

How long have you facilitated this program? \_\_\_\_\_

Do you have any experience facilitating any other programs (Yes/No)? \_\_\_\_\_

If yes, please list the programs taught and the length of time facilitated:

\_\_\_\_\_

Do you have any experience supervising any other employees (Yes/No)? \_\_\_\_\_

If yes, please list your management experience? \_\_\_\_\_

\_\_\_\_\_

How would being a Peer Evaluator affect your current job responsibilities?

\_\_\_\_\_

\_\_\_\_\_

Are you able to use a state vehicle for peer review purposes (Yes/No)? \_\_\_\_\_

Are you able to conduct one QA every three months at another site (Yes/No)? \_\_\_\_\_

Describe your typical work schedule:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Briefly describe why you would like to become a Peer Evaluator:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Supervisor's Signature

\_\_\_\_\_  
Date