

Please contact pwc@durhamcollege.ca if you require assistance to complete this form.

First Name:	Last Name:
Student Number:	Phone Number:
DC mail:	
Alternate email:	
Program:	
Year of study: Please Select:	Expected graduation year:

Are you a member of Institute of Student Leadership (ISL)? **Yes** **No**

Are you an international student? **Yes** **No**

Why do you want to become a peer wellness coach?

Summary of skills and strengths

Relevant experience and training

Please email this completed application and a copy of your resume with references included to pwc@durhamcollege.ca.

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