



**Beyond Rules Recovery Application Packet to be a Peer Pal**  
Please email completed application to [info@beyondrulesrecovery.org](mailto:info@beyondrulesrecovery.org)

**Name:**

**Birth date:**

**Phone number:**

**Email:**

**City of residence, or country, if international:**

**What makes you want to be a peer pal?**

**Please describe your own history with eating disorders:**

**On a scale from 1-10, 1 being the least and 10 being the most, how committed are you to recovery?**

1      2      3      4      5      6      7      8      9      10

**What actions are you taking that show you are committed towards recovery?**

**What are your goals for the peer pal program?**

**Being a peer pal is an 8 week program with a minimum of one hour a week with your fellow peer pal via phone or video. Are you able to commit to all 8 weeks of this program?**

**You will have four check-ins with a Beyond Rules Recovery volunteer throughout this program. Are you able to attend these meetings?**

**The fee for being a peer pal is \$20/week with partial scholarships available. How will you plan to pay?**

**Name**

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**Signature**

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**Date**

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