

# Health Peer Educator Application

St. Joseph's College, NY

Fall \_\_\_\_\_

Spring \_\_\_\_\_

## Part I

### I. PERSONAL INFORMATION

Last name:		First name:		M.I.:
School address (On or off campus)		Street:		
Permanent address		Street:		
City:		State:	ZIP:	
Gender:	Birthdate (MM/DD/YY):		X number:	
Cell phone:		Other phone:		
SJC email:		Alternate email:		
Present grade level (circle one): Freshman    Sophomore    Junior    Senior				
Expected date of graduation:				
Major:		Minor (if any):		

## **Part II**

### *Additional Information*

#### **A. Involvement Record**

Please list any organizations/activities (on and/or off campus), in which you have been involved. List the dates of involvement and position(s) held.

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**How did you hear about the program?**

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**B. Please answer the following questions.**

1. Explain **three** reasons why you are interested in being a Health Peer Educator.
2. What qualities and skills do you possess that would make you a good candidate?
3. What can Peer Educators teach St. Joseph's College students regarding health issues?
4. Which topics or issues are you most interested in or a strong advocate for?
5. Peer Educators serve as vital role models for the college. Define what you see as qualities of a positive and supportive role model.