

## Peer Health Educator Application

Thank you for your interest in becoming a Peer Health Educator. Completed applications must be returned by **Monday, September 19th** to the Student Health Service or send through campus mail by that date to **Lisa Pearlman, Student Health Service**. Feel free to continue your answers on the back of this sheet.

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

CampusAddress: \_\_\_\_\_

Email: \_\_\_\_\_ Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Why are you interested in becoming a peer health educator?

What prior training, experience, or knowledge do you have regarding sexual health issues?

Being a peer health educator requires a serious commitment. We will meet weekly during the fall semester and have various programs twice a month during the spring semester. What other academic, personal, and extracurricular responsibilities would you have to balance in order to be a productive and effective member?

Describe any other experiences (extra-curricular, volunteer, leadership, etc.) which are relevant to you becoming a peer health educator.

Describe some of your personal strengths and explain how you see them benefiting this group.

Is there anything that I did not ask that you would like me to know?

### Peer Health Educator Interview Schedule

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

Email: \_\_\_\_\_

Please indicate times you would be available for a 30 minute interview by marking your **available** time slots with an “x”.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
9:00-9:30 am					
9:30-10:00					
10:00-10:30					
10:30-11:00					
11:00-11:30					
11:30-12:00					
12:00-12:30					
12:30-1:00					
1:00-1:30 pm					
1:30-2:00					
2:00-2:30					
2:30-3:00					
3:00-3:30					
3:30-4:00					
4:00-4:30					
4:30-5:00					
5:00-5:30					
5:30-6:00					
6:00-6:30					
6:30-7:00					
7:00-7:30					
7:30-8:00					