Peer Health Education Program Application



PERSONAL INFORMATION	
Name:	Today's Date:
University ID:	<u>.</u>
University Email:	Other Email:
Local Address:	
Permanent Address:	
Mobile Phone:	Other Phone:
How Did you Learn about our Peer Health Education Program?	
ACADEMICS	
Major:	Class Standing (freshmen, sophomore, etc):
GPA:	Expected Date of Graduation (month/year):
Please list any course work relevant to health education: AVAILABILITY	
How many credits do you plan to take next semester?	
What other commitments do you anticipate in the coming semester? (fraternity/ sorority, student organization, job, volunteer, etc)	
Are you willing to commit 3-5 hours per week in the upcoming semester and attend all peer meetings?	
Are you willing to attend a full day orientation to the program on Friday, January 25th?	
All incoming peers are required to take a once a week mandatory class. This coming semester (Spring 2013), the class will be held on Wednesday's from 4:30-7pm . Can you make this commitment?	

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Please list two references (professional and/or academic only – no family/friends):	
All of the above information is correct and up to date to my knowledge	

Please answer the following questions on a separate sheet:

- 1. Why do you want to become a UMBC Peer Health Educator?
- 2. What qualities and skills do you have that would make you a good fit for the Peer Health Education program?
- 3. What do you see as the 3 most important health issues on UMBC's campus? How would you educate your peers about these issues?

Note: The program will not accept students graduating the semester they are applying for. So if you are graduating in May 2013, we apologize for not being able to accommodate you.

APPLICATION DEADLINE IS FRIDAY, NOVEMBER 30th!

Please submit applications to the Health Education Office (ground floor of Erickson Hall) or to University Health Services. You may also email/fax your application: Email: parora@umbc.edu Fax: 410-455-1125