

**Peer Health Education Application Form
Fall 2019**

*Please answer all questions truthfully, thoughtfully, and thoroughly.
Check your spelling & grammar.*

A note about personal disclosures: Personal experiences often influence a student's decision to apply to be a Peer Health Educator. Applicants are welcome to share these experiences. However, please note that your application will be reviewed by professional staff.

Name:	
Preferred pronoun (ie- he/him/his, she/her/hers, they/them/their, other):	
Phone Number:	
Permanent/Home Address:	
Email:	
Date of Birth:	Student ID #:
Major(s):	GPA (Cumulative):
Year in School:	Expected Month & Year of Graduation:

Short response

Please answer the following questions by typing your responses and attaching it to this application

1. Why do you want to be a Peer Health Educator?
2. What do you hope to achieve for yourself *and* others as a Peer Health Educator?
3. Please share any relevant work, volunteer, or class experience that would contribute to your success as a Peer Health Educator (e.g., class courses, extra-curricular activities, educational workshops, etc.).
4. Name three important health issues related to college students. Why do you feel these issues are important?
5. What experience have you had working on a team, and what role do you typically play on a team?
6. Please list your co-curricular and work responsibilities and, approximately, how many hours per week you must dedicate to each. (For example: sorority/fraternity- 2hrs/wk)
If selected to be a Peer Health Educator, how will you manage these time commitments?
7. Peer Health Educators are expected to be positive role models. Describe how you would be a positive role model to fellow CSUDH students.
8. How did you learn about the Peer Health Education Program?

References:

Please list two references below who can speak to your abilities to be successful as a Peer Health Educator. Friends who can provide character references are not as helpful as professors or employers.

Name	
Relation to Applicant (employer, professor, etc.)	
Email Address	
Phone Number	

Name	
Relation to Applicant (employer, professor, etc.)	
Email Address	
Phone Number	

Submit your completed application form to the
front desk of the Student Health Center
Attn: JoAnn Aragon Valdivia, CHES
Or via email // jaragon@csudh.edu

Incomplete submissions will not be considered