| Health movement Peer health educator  Membership Application | | |
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| Applicant Information | | |
| Name: | | |
| Date of birth: | Class year: Fr. So. Jr. Sr. | Phone: |
| Current address in Milledgeville: | | |
| City: | State: | ZIP Code: |
| Email: | Major: | Minor: |
| ReasonS for wanting to be a Peer Educator or why you are interested in the group | | |
|  | | |
| Availibilty for the Week (Please put your free times) | | |
| Monday: | | |
| Tuesday: | | |
| Wednesday: | | |
| Thursday: | | |
| Friday: | | |
| What do you see as the top 3 health concerns for GC students & why | | |
|  | | |
| References (Please do not use parents/relatives) | | |
| Name: | Email: | Phone: |
| Name: | Email: | Phone: |
| Signature | | |
| By completing this application, I understand that membership as a Peer Educator requires 5 hours of training (split up over 2 days) and a 2 semester commitment. I understand I must attend one of the two monthly meetings, as well as participate in at least one event per month. I also understand that if I am selected to participate, I must uphold a healthy lifestyle in regards to, but not limited to: nutrition, exercise, sexual responsibility, stress and mental health management, low risk alcohol choices, and abstaining from other drugs. | | You can return this application electronically with a Typed signature to rachel.pope@gcsu.edu. |
| Signature of applicant: | | Date: |