

University of New England
Peer Health Educator Application

Name: _____ **Date:** _____

Major: _____ **Minor:** _____

Class Standing: **First Year** **Sophomore** **Junior** **Senior**

Can you make a 2-semester commitment? **Yes** **No**

E-mail Address: _____

Local Address: _____

Phone: _____ **Cell:** _____

Tell about any experiences (group membership, employment, volunteering, leadership position, etc.) or course work related to your areas of interest in being a Peer Health Educator

What strengths do you possess that would be helpful in these roles?

List your involvement in other campus organizations.

Is there anything else you'd like us to know about you?

Schedule for current semester - The times when you will be AVAILABLE are:

<i>Time/Day</i>	Mon.	Tues.	Wed.	Thurs.	Fri.
8:00-9:00 AM					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00 PM					
1:00-2:00					
2:00-3:00					
3:00-4:00					
4:00-5:00					
5:00-6:00					
6:00-7:00					
7:00-8:00					
8:00-9:00					

Comments regarding this schedule:

Thanks for taking the time to complete this application!
**Please return to the office of Health and Wellness Education, Campus Center
 Administrative Offices, University Campus, or email to aquinn@une.edu**