

Lifestyles Center - Peer Education Application

Deadline: Friday, April 18, 2008, at the Lifestyles Center, Walker Health Center

Name: _____ Male Female

Next semester I will be a: Freshman Sophomore Junior Senior Graduate

Major/Interest: _____ Minor (if declared): _____

Campus Address: _____ Permanent Address (Home): _____

Phone: _____ Phone: _____

ID #: _____

E-Mail: _____ (necessary to obtain class schedules for scheduling interviews, peer education assignments, etc.)

Please specify and rank order which programs you would like to be considered for, listing your first choice as "1" and so on. If you are not interested in a particular program, please leave it blank.

_____ Alcohol and Other Drugs
_____ Violence Prevention

_____ General Wellness
_____ Sexual Health

References: Please list the names of two references (employer, staff/faculty member at Oswego or another university, RA, Hall Director, clergy, etc.) who may be contacted by a member of the interviewing committee. Relatives are not acceptable.

Name: _____

Title: _____

Address: _____

Phone: _____

E-Mail: _____

Name: _____

Title: _____

Address: _____

Phone: _____

E-Mail: _____

Please answer the following questions:

1. Why are you applying to be a LifeStyles peer educator? What do you hope to achieve for yourself and others?

