

# Lifestyles Center - Peer Education Application

Deadline: Wednesday, October 25, 2017, at the Lifestyles Center, Walker Health Center

Name: \_\_\_\_\_

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

Major/Interest: \_\_\_\_\_

Minor (if declared): \_\_\_\_\_

Campus Address: \_\_\_\_\_

Permanent Address (Home): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

ID #: \_\_\_\_\_

(necessary to obtain class schedules for scheduling interviews,  
peer education assignments, etc.)

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**References:** Please ask two references (employer, staff/faculty member, Hall Director, clergy, etc.) to fill out the attached reference forms. Reference forms are due by **November 8, 2017**. No exceptions. ***Relatives, RAs and friends are not acceptable.***  
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## Please answer the following questions:

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

2. What previous experiences (academic, volunteer, personal or work-related) have prepared you in some way to be a peer educator?
  
  
  
  
  
3. Being a peer educator can be demanding on your time. What other extracurricular and work responsibilities will you have and how will you manage these time commitments?
  
  
  
  
  
4. Describe your experience and knowledge about the topic(s)/issue(s) addressed by this peer education program.
  
  
  
  
  
5. What are common college student attitudes or issues that you would like to see challenged? What are some ways you think we can challenge these attitudes/issues?
  
  
  
  
  
6. Peer educators are expected to be positive role models. Describe how you would be a positive role model to fellow Oswego State students.
  
  
  
  
  
7. How did you hear about the Lifestyles Center peer education program?

**Recommendation Form**  
 Lifestyles Center Peer Education Program  
 SUNY Oswego

*Recommendation deadline: **Wednesday, November 8, 2017***

Candidate's Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

**Note to applicant:**

The recommendation forms must be completed by instructors, advisors, or supervisors from your current or most recent place of employment. Recommendations from family members and/or friends cannot be accepted. **Do not forget to sign this waiver!**

I hereby grant the Lifestyles Center Professional staff permission to contact those individuals who completed my recommendation forms. I waive my right to see the recommendation form.

**Signature of applicant** \_\_\_\_\_ Date \_\_\_\_\_

Lifestyles Center Peer Educators are dynamic students who are ready to make a significant contribution to Oswego State. A Lifestyles Center Peer Educator believes in his/her ability to stimulate personal growth in others as well as themselves and he/she recognizes this talent as vital for a healthier student community. Lifestyles Center Peer Educators participate in the creation and delivery of positive health messaging on camps. They understand that their contribution to the Lifestyles Center will positively affect themselves and the peers they reach.

It is expected that applicants act as a positive role model for the Lifestyles Center and Oswego State at all times. While understanding that all students are human, there is an expectation that Lifestyles Center Peer Educators are an administrative extension of the Center and are encouraged to maintain a positive and healthy pattern of behavior while enrolled in the program. There is a GPA requirement that all Peer Educators must meet which is a 2.8. We will also check with the Office of Judicial Affairs to see that each student is judicially compliant.

1. Please rate the candidate on the following:

Needs improvement ..... Outstanding

Organization skills	1	2	3	4	5
Communication skills	1	2	3	4	5
Time management skills	1	2	3	4	5
Initiative	1	2	3	4	5
Follow through	1	2	3	4	5
Leadership skills	1	2	3	4	5
Accepts responsibility	1	2	3	4	5
Uses good judgment	1	2	3	4	5
Creativity	1	2	3	4	5
Confidentiality	1	2	3	4	5
Respect for diversity	1	2	3	4	5
Caring, accepting, understanding	1	2	3	4	5

2. Briefly describe your working relationship with candidate

3. How long have you known the candidate?

4. Briefly describe candidate's strengths

5. Briefly describe areas needed for growth

6. Recommend \_\_\_\_\_

Recommend with reservation \_\_\_\_\_

Do not recommend \_\_\_\_\_

Signature of recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

**Recommender: Please return in sealed/signed envelope to:**

**Shelly Sloan**

**Lifestyles Center, Walker Health Center #10**

**Oswego, NY 13126**

**Or email to [shelly.sloan@oswego.edu](mailto:shelly.sloan@oswego.edu)**

**Or fax to 315-312-2502**

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 SUNY Oswego

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