Oz Peer Ed Application

Deadline: Friday, November 18, 2022. Please email to shelly.sloan@oswego.edu

Preferred Name:
ophomore Junior Senior Graduate
Minor (if declared):
Permanent Address (Home):
_ Phone:
<pre>ID #:(necessary to obtain class schedules for scheduling interviews, peer education assignments, etc.)</pre>

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 **December 2, 2022**. No exceptions. *Relatives, RAs and friends are not acceptable*.

Please answer the following questions:

1. Why are you applying to be a peer health 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 health educator?

3. Being a peer health 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 health 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 Oz Peer Eds?

By signing below, I acknowledge that all of the information included in this application packet is accurate to the best of my knowledge. In addition, I understand that in order to be selected and maintain this role,

- My GPA must be at or above 2.5
- I am in good standing with Student Conduct (we reserve the right to check on your behalf)
- Participate in all aspects of training January 18-20, 2023 and attend weekly class on Wednesdays from 3-5pm
- *Remain a full time matriculated student in the 2022-2023 academic year (unless graduated).*

Signature: _____

Date: _____

Recommendation Form Oz Peer Eds SUNY Oswego Recommendation deadline: **Friday, December 2, 2022**

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 Dean of Students office staff permission to contact those individuals who completed my recommendation forms. I waive my right to see the recommendation form.

Signature of applicant ______

Date_____

Peer Health Educators (Oz Peer Eds) are dynamic students who are ready to make a significant contribution to SUNY Oswego. A Peer Health 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. Peer Health Educators participate in the creation and delivery of positive health messaging on camps. They understand that their contribution to SUNY Oswego will positively affect themselves and the peers they reach.

It is expected that applicants act as a positive role model for the Dean of Students Office and Oswego State at all times. While understanding that all students are human, there is an expectation that Peer Health Educators are an administrative extension of the Dean of Students Office 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 health educators must meet which is a 2.5. We will also check with the Director of Student Conduct 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	
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Recommend with reservation_____

Do not recommend_____

Signature of recommender: _	Date:	
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Print name: _____

Title: _____

Recommender: Please return in sealed/signed envelope to: Shelly Sloan Dean of Students Office, 501 Culkin Hall Oswego, NY 13126

Or email to shelly.sloan@oswego.edu

Or fax to 315-312-2503

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