

# Ask the Sexperts! Application

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

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

Pronoun(s): \_\_\_\_\_

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 **Friday, December 2, 2022**. 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 Sexpert?

2. What previous experiences (academic, volunteer, personal or work-related) have prepared you in some way to be a Sexpert?



## Recommendation Form

Ask the Sexperts! Program

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 Office of the Dean of Students 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 \_\_\_\_\_

SUNY Oswego Sexperts are students who have extensive training on the topic of sexual and reproductive health and share that information with their peers through outreach, presentations, and other on campus events.

It is expected that applicants act as a positive role model for the Office of the Dean of Students and Oswego State at all times. While understanding that all students are human, there is an expectation that SUNY Oswego Sexperts are an administrative extension of the 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 Sexperts must meet which is a 2.5. We will also check to see that each student is in compliance with the Director of Student Conduct.

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***

***Dean of Students Office, 501 Culkin Hall***

***Oswego, NY 13126***

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

***Or fax to 315-312-2503***

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