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 Sophomo	re Junior Senior Graduate
Major/Interest:	Minor (if declared):
Campus Address:	Permanent Address (Home):
Phone:	Phone:
	ID #;
	(necessary to obtain class schedules for scheduling interviews, peer education assignments, etc.)
References: Please ask two references (employer, the attached reference forms. Reference forms are d <i>Relatives, RAs and friends are not acceptable.</i>	staff/faculty member, Hall Director, clergy, etc.) to fill out ue by Friday, December 2, 2022 . No exceptions.

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?

3.	What other extracurricular and work responsibilities will you have and how will you manage/balance hese time commitments?
5.	What are common college student attitudes or issues that you would like to see challenged regarding sexual and reproductive health? What are some ways you think we can challenge these attitudes/issues?
6.	Sexperts are expected to be positive role models. Describe how you would be a positive role model to fellow SUNY Oswego students.
7.	How did you hear about the Ask the Sexperts! program?
•	Ing below, I acknowledge that all of the information included in this application packet is accurate to 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 on February 3 from 3-5pm and other training sessions as needed • Remain a full time matriculated student in the 2022-2023 academic year.
Signat	re: Date:

Recommendation Form

Ask the Sexperts! Program SUNY Oswego

Recommendation deadline: Friday, December 2, 2022

Candidate's Name:	
Recommender's Name:	
	by instructors, advisors, or supervisors from your ecommendations from family members and/or friends is waiver!
I hereby grant the Office of the Dean of Student individuals who completed my recommendation form.	s Professional staff permission to contact those n forms. I waive my right to see the recommendation
Signature of applicant	Date
SUNY Oswego Sexperts are students who have	extensive training on the topic of sexual and

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

reproductive health and share that information with their peers through outreach, presentations, and

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.

other on campus events.

1. Please rate the candidate on the following:

	Needs improvem	ent	••••••	Ou	tstanding	
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:	
Γitle:	
Recommender: Please return in sealed/signed envelope to: Shelly Sloan Dean of Students Office, 501 Culkin Hall Oswego, NY 13126	
Or email to <u>shelly.sloan@oswego.edu</u>	
Or fax to 315-312-2503	

Recommendation Form

Ask the Sexperts! Program SUNY Oswego

Recommendation deadline: Friday, December 2, 2022

Candidate's Name:	<u></u>
Recommender's Name:	
Note to applicant:	
The recommendation forms must be completed by inscurrent or most recent place of employment. Recomm cannot be accepted. <i>Do not forget to sign this wo</i>	endations from family members and/or friends
I hereby grant the Office of the Dean of Students Profe individuals who completed my recommendation form form.	<u> </u>
Signature of applicant	Date

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2. Please rate the candidate on the following:

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Dean Oswe	ly Sloan n of Students Office, 501 Culkin Hall ego, NY 13126 mail to <u>shelly.sloan@oswego.edu</u>	Į.
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