



SHAC APPLICATION

Name: _____ **Class:** _____

Phone: _____

Thank you for your interest in the Student Health Advisory Committee. Please complete the following questions/statements and return to Joyce Walter via email at jwalter@wesleyan.edu or mail to the Davison Health Center, 327 High Street, Middletown, CT 06459. Please feel free to call or email if you have questions. Contact Joyce at 685-2656.

1. Why are you interested in becoming a member of SHAC?

2. Describe any special strengths or skill you would bring to the group.

3. As a member of SHAC, how much time could you dedicate to the committee on a weekly basis?

4. What prior volunteer work, leadership positions, or student organizations have you participated in?