WESLEYAN UNIVERSITY

University Health Services
Davison Health Center

SHAC APPLICATION

Name: _____ **Class:** _____

Phone: _____

Thank you for your interest in the Student Health Advisory Committee (SHAC). Please complete the following questions 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 860-685-2656.

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. What do you think are the three most pressing health related issues affecting Wes students?

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

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