

Interview Date #1: _____
Interview Date #2: _____

Circle One:
College Work Study
Regular Student Employment

Peer Health Educator APPLICATION

Name: _____
Local Address: _____
Local Phone: _____
Email: _____
Permanent Address: _____
Permanent Phone: _____

Date of Birth: _____
MUID#: _____
SS#: _____
Major/Minor: _____
Year in School for '06-'07: _____

Previous Employment History **Employers may be contacted**

Previous Employment on Campus: **yes** **no** **(if yes, list below)**
Job Title: _____ Supervisor: _____
Phone: _____
Duties: _____

Job Title: _____ Supervisor: _____
Phone: _____
Duties: _____

Previous Employment off Campus: **yes** **no** **(if yes, list below)**
Employer: _____ Job Title: _____
Duties: _____
Dates: _____ to _____ Supervisor: _____ Phone: _____

Employer: _____ Job Title: _____
Duties: _____
Dates: _____ to _____ Supervisor: _____ Phone: _____



Application deadline:
Please return completed application to:

4:30 p.m., Thursday, April 13, 2006
Center. for Health Education & Promotion
(707 N. 11th)

Other campus and leadership experiences: _____

Please indicate any special skills:

Clerical/Office Related: _____

Public Speaking/Presentation related: _____

Computer: _____

Please attach a 1-2 page personal statement discussing:

“Why do you want to become a Peer Health Educator”

Include your interest level, what you hope to gain from the experience, knowledge of the Peer Health Education program, previous health education related experiences, presentations, etc. that would be applicable to the position.

(**applications void of this attachment will not be reviewed for employment**)

Request references from 2 faculty and/or campus staff members.

Give them the reference form and ask them to return it to:

Amy Melichar (Center for Health Education and Promotion)

by 4:30 p.m. on April 13, 2006.

(**applications void of these forms will not be reviewed for employment**)

Please provide your fall '06 class schedule and major commitments below

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|---------------|----------------|------------------|-----------------|---------------|
| 7:00 | | | | | |
| 8:00 | | | | | |
| 9:00 | | | | | |
| 10:00 | | | | | |
| 11:00 | | | | | |
| NOON | | | | | |
| 1:00 | | | | | |
| 2:00 | | | | | |
| 3:00 | | | | | |
| 4:00 | | | | | |
| 5:00 | | | | | |
| 6:00 | | | | | |
| 7:00 | | | | | |
| 8:00 | | | | | |
| 9:00 | | | | | |

For more information:

Call Amy at the Center for Health Education and Promotion x8-5217

E-mail “Healthy Eagle”: healthyeagle@mu.edu