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**PEER EDUCATOR APPLICATION FORM**

Name **\*** First  Last  Pronoun 

Email Address **\***@lakeforest.edu Student ID Number **\*** 

Street Address  Address Line 2 City 

State / Province / Region  Postal/Zip Code 

Country 

Date of Birth (MM/DD/YYYY) **\***     Phone (###-###-####)   

Do you have a disability supported through Adaptive Educational Services that we should be aware of? If so, please list the disability(ies), and the services needed.  **\***

Program/Major **\*** 

Expected Graduation Date **\*** 

Please check the top 5 health & wellness topics that interest you: **\***

Alcohol/Other Drugs Sexual Assault Prevention Nutrition & Healthy Eating

Physical Activity Sexual Health Suicide Prevention

Stress Reduction Smoking Cessation Sleep Health

Financial Wellness Healthy Relationships Body Image/Eating AttitudesMental Health Other: 

What area(s) specific to the Peer Educator role is of interest to you? **\***

Program & Event Planning Presenting & Facilitating Workshops

Social Media & Marketing Outreach Tabling Other 

**Please list other campus organizations that you belong and any leadership positions you hold. \***

**Why are you applying to become a Peer Educator? What do you hope to achieve for yourself and others? \***

**What previous experiences have prepared you in some way to be a Peer Educator?**

**Being a Peer Educator can be demanding on your time. What other extracurricular and work responsibilities will you have and how will you manage these time commitments? \***

**Describe your experience and knowledge with the topics/issues addressed by this Peer Education program? \***

**What are common college student attitudes or issues that you would like to see challenged? What are some ways you think we can challenge these attitudes/issues? \***

**Peer Educators are expected to be positive role models. Describe how you would be a positive role model to fellow Foresters? \***

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| | **Please rate the following as they apply to you (Scale: 5-excellent, 4-good, 3-average, 2-needs work, 1-none) \*** | | | | | | | --- | --- | --- | --- | --- | --- | |  | **1** | **2** | **3** | **4** | **5** | | **Communication Skills** |  |  |  |  |  | | **Presentation Skills** |  |  |  |  |  | | **Organizational Skills** |  |  |  |  |  | | **Written Skills** |  |  |  |  |  | | **Time Management Skills** |  |  |  |  |  | | **Leadership Skills** |  |  |  |  |  | | **Ability to work on a team** |  |  |  |  |  | | | | | | |
|  | **1** | **2** | **3** | **4** | **5** |

**I affirm that all information submitted on this application is true. I understand that all information submitted will be considered and treated as confidential.**  
By signing this application, you are authorizing: 

1. Health & Wellness Center staff to check your GPA to verify that you meet minimum standards.
2. The release of any discipline information that may be on file in the Office of the Dean of Students.

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Electronic or Physical Signature Date