

**University of New England**  
Peer Health Educator Application

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Class Standing:**     **First Year**     **Sophomore**     **Junior**     **Senior**

**Can you make a 2-semester commitment?**     **Yes**     **No**

**E-mail Address:** \_\_\_\_\_

**Local Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Tell about any experiences (group membership, employment, volunteering, leadership position, etc.) or course work related to your areas of interest in being a Peer Health Educator**

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**What strengths do you possess that would be helpful in these roles?**

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**List your involvement in other campus organizations.**

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**Is there anything else you'd like us to know about you?**

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**Schedule for current semester - The times when you will be AVAILABLE are:**

<i>Time/Day</i>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>
<b>8:00-9:00 AM</b>					
<b>9:00-10:00</b>					
<b>10:00-11:00</b>					
<b>11:00-12:00</b>					
<b>12:00-1:00 PM</b>					
<b>1:00-2:00</b>					
<b>2:00-3:00</b>					
<b>3:00-4:00</b>					
<b>4:00-5:00</b>					
<b>5:00-6:00</b>					
<b>6:00-7:00</b>					
<b>7:00-8:00</b>					
<b>8:00-9:00</b>					

**Comments regarding this schedule:**

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**Thanks for taking the time to complete this application!**  
**Please return to the office of Health and Wellness Education, Campus Center**  
**Administrative Offices, University Campus, or email to [aquinn@une.edu](mailto:aquinn@une.edu)**