

Peer Wellness Educator – VOLUNTEER APPLICATION

Today's Date:

I. Personal Information

Last name:	First name:	M.I.:
Address:	City:	
State:	Zip:	
EMPL ID #:	Cell Phone #:	
CIX Email Address:		
Alternate Email Address:		
Present Year in School:	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore
	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Credits Completed:	Expected Date of Graduation:	
Current GPA:	Major/Minor:	
Career Goal:		

II. Work History and Record of Involvement

Please list any history of work/volunteer experience as well as any extracurricular involvement.

III. Questions

1. In your opinion, what health issues are of greatest concern for college students?

2. How comfortable are you approaching students and doing outreach across campus?

Please circle one response below:

Very Uncomfortable
 Uncomfortable
 Neutral
 Comfortable
 Very Comfortable

Email completed application to wellness@csi.cuny.edu or drop off to 1C-112.