



CENTER FOR PREVENTION & OUTREACH
Health Education Center
Peer Educator/Internship Program
APPLICATION FORM

CLASS SCHEDULE

CHOICE
 Class meets on
Tuesday from
 12:00PM to 1:40PM

 SHS – Health Education
 Center – **Rm. 217**

Today's Date: _____
Your NAME (as appears on SOLAR): _____
Your NAME (name you prefer to use): _____
WHAT SEMESTER ARE YOU APPLYING FOR? _____ (semester/year)
When do you Plan to graduate from SBU? _____
SBU ID number _____ **Cell phone#** _____
ADDRESS/Phone Number ON CAMPUS: _____
ADDRESS/Phone Number OFF CAMPUS: _____
CAMPUS e-mail: _____ **OTHER e-mail:** _____
YOUR MAJOR: _____
How did you learn about this program? _____
WHAT PHYSICAL HEALTH TOPIC MOST INTERESTS YOU? _____

ARE YOU ABLE TO COMMIT TO TWO SEMESTERS? YES: ___ NO: ___

Campus Resident? ___ Commuter ___ Transfer student ___ (If a transfer, from which school?) _____
 Intercollegiate Athlete _____ Fraternity/Sorority Member (which group?) _____

CHOICE Peer Education program focus of study and outreach linked to physical health and wellness. With training, YOU will be the LINK between your peers and health support services, on and off campus.

The academic component of program related to college-aged CHOICES (Choosing Healthy Options In the College/Campus Environment), including review of basic health issues linked to addictions, sexual assault, safer sex, nutrition, heightening awareness of cancer risk/cancer prevention.

The outreach component of the program will focus on efforts to heighten awareness of these issues on our campus. Outreach achieved through Community (campus wellness fairs, bi-weekly information tables) and through efforts you initiate (many of you are past/future RAs and/or are involved in student organizations where you are required to complete community service hours).

Tell us about YOU! Please use separate paper and/or back of this form to tell us why you are applying to C.H.O.I.C.E. Please include any relevant/related experience you may have and/or how your choice to enroll may impact your future.

Please call or email (email preferred) CPO Peer Education Program Coordinator, Instructor:
 Kathleen (Kate) Valerio @632-9338 - Kathleen.Valerio@stonybrook.edu if you have additional questions.

Please return completed applications to the *Center for Prevention and Outreach, Student Health Service Health Education office, Z-3191, ATTN: Kathleen Valerio, MS, MCHES, CPO @ SHS - Rm. 213B* , or to the CPO Health Education Department Secretary, Sharon Fletcher, Student Health Service, Rm. 211.