

CSUSB Palm Desert Campus  
Student Health Center



**P.E.A.C.H.**

Peer • Educators • Advocating • Campus • Health

**Application**

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Year in School: \_\_\_\_\_ Major: \_\_\_\_\_

List 3 main reasons why are you interested in becoming a peer health educator?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What skills, education/training, or past/present experience do you have that would help you become an effective peer health educator?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What health and wellness issues do you believe affect most college students today?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

While being a peer health educator you may work with students who have different values, life experiences, and backgrounds than your own. What qualities do you have that would help you work with them?

Are you able to attend weekly meetings on Fridays from 10-11:30 am? [YES] [NO]

Signature: \_\_\_\_\_ Coyote ID # \_\_\_\_\_ Date \_\_\_\_\_

Return this application to Albert Angelo, Health Educator, Rm 110 in Health Science Building