WIU BAC (Battle Alcohol Consequences) Squad

APPLICATION FOR PEER EDUCATION POSITION

Completed application forms can be delivered by email or mail to: AOD Resource Center

Attn: Kaycee Peterman, Prevention Coordinator

208 Seal Hall

Macomb, IL 61455 k-peterman@wiu.edu

Applications are due ______.



| Please type or print in black ink. | | |
|------------------------------------|--|--|
| NAME: | | |
| CURRENT ADDRESS: | | |
| PERMANENT ADDRESS: | | |
| TELEPHONE NUMBER: | | |
| EMAIL ADDRESS: | | |
| COLLEGE MAJOR: | | |

Past/Current Volunteer, Work Experience and/or Student Organization Involvement:

Please indicate any involvement which you feel is applicable to the position you are applying for or your top three volunteer/work experiences.

If more space is necessary, please submit a resume.

GPA: YEAR:

| NAME: | DATE: | RESPONSIBILITIES, SKILLS UTILIZED: | |
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Please respond to the following questions:

| Question: | Response: | | | |
|--|------------------------------------|--------------|--|--|
| Why are you interested in the Peer Educator position? | | | | |
| Describe past experiences or qualities which would help qualify you for this position, including leadership opportunities. | | | | |
| Please read the WIU | Membership Responsibilities and Co | onstitution. | | |
| Please check the box to indicate that you have read the responsibilities and agree to them. | | | | |
| I hereby certify that all statements and answers set forth on this application are complete and true. | | | | |
| | | | | |
| Signature of Applicant | | Date | | |

If you are submitting your application electronically, please make sure you type your name above. That will be considered your electronic signature.