

WIU B.A.C. Squad

Peer Educator Membership Agreement

1. I agree to participate in the WIU B.A.C. Squad for a minimum of two semesters. During that time, I will be required to be actively involved with presentations, awareness week programs, and trainings.
2. I understand that I am required to attend weekly or bi-weekly meetings. If I cannot attend a meeting, I will contact the Prevention Coordinator at least 24 hours in advance to inform him/her of my inability to attend the meeting.
3. I will read and abide by the WIU B.A.C. Squad Peer Educator handbook and constitution.
4. I understand that I am responsible for all of my actions and that I am a representative of the mission and standards of the WIU B.A.C. Squad at all times.
5. I understand that if I engage in behavior that is in conflict with the WIU B.A.C. Squad values that my status will be discussed and I may be subject to education, probation or termination to be determined by the Prevention Coordinator and Prevention Graduate Assistant.
6. I will complete the required trainings to ensure that I am an informed and active Peer Educator.

Signature: _____ Date: _____

Name (printed): _____

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