

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 Tuesdays from 1-2 pm? [YES] [NO]

Signature: _____ Coyote ID # _____ Date _____

Return this application to Albert Angelo, Health Educator, in the Rancho Mirage Student Center