

SHINE

Students Helping Individuals Nurture Esteem

Application for Peer Education

Name: _____ Email Address: _____

Mailing Address: _____

Telephone Number: _____

Major: _____ Year in School: _____

Please answer the following questions on a separate sheet of paper:

1. Please list other activities and interests or attach a copy of your resume.
2. What experiences do you have in the areas of eating disorders, body image, and wellness?
3. Why are you interested in becoming a peer educator? What talents and abilities would you contribute as a peer educator?
4. What role do you envision yourself in this program and how much time are you willing to contribute?

_____ **YES**, I will be able to be a committed peer educator for the **entire 2007-2008** academic year, and I can be trusted to handle the confidential, sensitive nature of this responsibility.

SIGNED: _____ DATE: _____

If you have further questions,

Call: (402)472-0880

Or

E-mail: EDEP_SHINE@hotmail.com

Please mail completed applications by November 5th, 2007 to:

EDEP Student Organization

Mailbox #26

Student Involvement

200 Nebraska Union

Thank-you!