Spring 2020 Application
Due Friday, May 1, 2020

When submitting your application, please attach your current Spring 2020 class and work schedule.

Name: _______________________________ Banner ID: _______________________________

Major/Minor: ___________________________ Cumulative GPA: __________________________

University Email: ____________________________

Best Number to Contact: ____________________________

Year: _____ Freshman  _____ Sophomore  _____ Junior  _____ Senior

POWER peers are trained on various health topics. Out of the following four areas, please rank which you are most passionate about. (1=most passionate, 4= least passionate)

_____ Alcohol & Other Drugs  _____ Sexual Violence  _____ Sexual Health  _____ Nutrition & Fitness

How did you hear about POWER? (check all that apply)

_____ Word of Mouth  _____ My Resident Assistant (RA)

_____ Social Media (Instagram or Facebook)  _____ A Professor

_____ Friend in POWER/Current Member  _____ A Staff Member

_____ At an Event or Program  _____ Other: ___________________________

What other non-academic commitments do you anticipate having in addition to POWER (e.g., work study, other student organizations, sorority/fraternity, athletics, etc.)? How much time do you give to these other commitments in an average week?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Why do you want to join POWER?

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

What has your experience been with alcohol and other drugs/sexual violence/sexual health/nutrition at Villanova? How has this motivated you to get involved with POWER?

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Given that Villanova is a Catholic, Augustinian university, how would you demonstrate a commitment to the Villanova mission and Augustinian values and apply it to your role as a peer educator in talking about alcohol and other drugs/sexual violence/sexual health/nutrition?

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Using your knowledge, training, and experience as a POWER peer educator, how would you help change the culture around alcohol and other drugs/sexual violence/sexual health/nutrition at Villanova?

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________
Have you had any alcohol violations or citations while at Villanova? If yes, please explain and provide date(s) of your incident(s).

___ Yes. Please explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

___ No.

Are you currently on academic probation due to an alcohol violation, sanction, or incident?

___ Yes. Please explain:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

___ No.

Is there anything else you would like to include?
__________________________________________________________________________
__________________________________________________________________________

POWER peers are required to attend two mandatory training sessions at the beginning of every semester. Peers are also required to attend bi-weekly meetings.

If selected to be a member of POWER, I agree to attend the mandatory training sessions on Friday, September 4th, 2020.

(Bi-weekly meetings/trainings date to be determined)

Signature: ____________________________ Date: ____________________________

You may submit your application in one of two ways:
Drop off your completed application at the Office of Health Promotion located on the first floor of the Health Services Building
OR
Email to healthbytes@villanova.edu

**Please have a faculty member or staff person fill out the attached recommendation form and return it to the Office of Health Promotion**
Recommendation Form

Please have faculty or staff member submit this form by Friday, May 1, 2020

Student’s Name: ____________________________________________________________

I, ________________________, give permission to the individual below to release this recommendation directly to the Office of Health Promotion. I hereby waive my right to read this form prior to its release.

Student’s Signature: ___________________________ Date: _________________

Reference Information

Name: ___________________________ Phone Number: ________________________

Email address: ___________________________

How long have you known this student and in what capacity? ___________________________

Please evaluate the applicant on the following attributes:

<table>
<thead>
<tr>
<th></th>
<th>Needs Improvement</th>
<th>Good</th>
<th>Excellent</th>
<th>Unable to judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please comment on the applicant’s interest in helping others and motivation to become a peer educator.

Please give your impression of the applicant’s relationships with his/her peers.

Please discuss this applicant’s ability to be objective and non-judgmental.

Please make any additional comments that you believe would be helpful in our understanding of this applicant and his/her potential to become a peer educator.

Signature: ___________________________________________ Date: ____________________

Please return this recommendation form to the Office of Health Promotion
Health Services Building, First Floor
healthbytes@villanova.edu
(610) 519-7407