FALL 2019 Application
Due Tuesday, November 12, 2019

When submitting your application, please attach your current Fall 2019 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 Assault _____ 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  _____ I was nominated to join

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?

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_____________________________________________________________________________________________
Why do you want to join POWER?
________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What has your experience been with alcohol and other drugs/sexual assault/sexual health/nutrition at Villanova? How has this motivated you to get involved with POWER?
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Given that Villanova is a Catholic, Augustinian university, how do you anticipate this will affect your role as a peer educator in talking about alcohol and other drugs/sexual assault/sexual health/nutrition?
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Using your knowledge, training, and experience as a POWER peer educator, how would you help change the culture around alcohol and other drugs/sexual assault/sexual health/nutrition at Villanova?
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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?
_____________________________________________________________________________________
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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.

agree to attend the mandatory training sessions

Signature: ________________________________ Date: ________________________________

You may submit your application in one of two ways:
Drop your completed application off 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 recommendations form and return it to the Office of Health Promotion**
Recommendation Form

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:

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<th>Needs Improvement</th>
<th>Good</th>
<th>Excellent</th>
<th>Unable to judge</th>
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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