

UTM Peer Health Education Program 2012-2013 Volunteer Application Form

Name.	Current Year of Study:
Address:	
City: Country:	Postal Code:
U of T Email:	
Cell Phone #: ()	Home Phone #: ()
Program(s) of Study:	
Birthday (DD/MM):	Do you plan to live in residence in 2012-13? Yes No
Please rank (by numbering) your top <u>3</u> a	areas of interest:
Drugs & AlcoholMental HealthNutrition & Healthy Eating	Sexual Health & RelationshipsLeave The Pack Behind (Tobacco)Active Living
Please list any other organizations (club	s, groups, volunteering) that you are actively in.
Why are you interested in volunteering a being a part of this team? (max 100 wo	as a Peer Health Educator? How do you hope to benefit ords)