Student Health Advocates (SHA) Peer Educator Application

If you are chosen to become a Peer Educator, and complete the training requirements, you will have the chance to take on a variety of roles, ranging from program planning to outreach to giving presentations on health issues that affect the LSU community. Please tell us a little about yourself, so we can help you find a role that will be beneficial to you and your fellow students. Thank you for your time and interest!

Name:	Date	e of Birth:
Major:	Expected graduation date:	
Primary contact number: Back-up number		
Email address(es):		
Please place a check by topics of interest t	o you :	
All/Not SureAlcohol and Drug l	Jse and Abuse	Relationship violence
Sexual Health (Birth Control and STI Ri	sk Reduction)	Diversity
Nutrition and Body ImageStress	Reduction	Sexual Assault
Other (Please describe:)
Other campus organizations joined (if any-	–please include sor	rorities or fraternities):
Do you hold officer positions in any of these	e organizations? If s	so. list/describe:

What interests you about being involved with the Student Health Advocates?		
What strengths will you bring to the SHA?		
What days and times are you free during the week?		
Anything else you'd like to tell us?		