

Elon University – SPARKS Peer Educator Application

Please return completed application along with 2 faculty/staff recommendations to Harden Dining Hall, Room A, Office 2, or send to Campus Box 2040, or attach as a digital file and email to jperry16@elon.edu

For more information, contact Jordan Perry at 336.278.7285

Name: _____

Local Address: _____

Local Phone: _____

Email: _____

Permanent Address: _____

Permanent Phone: _____

Date of Birth: _____

Datatel #: _____

Major/Minor (if known): _____

Are you a freshman / sophomore / junior / senior / or a graduate student? Circle one please.

Previous Employment History

Employers may be contacted

Previous Employment on Campus: Yes No (if Yes, list below)

Job Title: _____ Supervisor: _____

Phone: _____

Duties: _____

Job Title: _____ Supervisor: _____

Phone: _____

Duties: _____

Previous Employment Off Campus: Yes No (if Yes, list below)

Job Title: _____ Supervisor: _____

Phone: _____

Duties: _____

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Phone: _____

Duties: _____

Please include a 2 page (double spaced) essay describing:
“Why do you want to become a SPARKS Peer Educator?”

Include your health promotion interests, what you hope to gain from the experience, previous health education experience, and what you can bring to the SPARKS team.

Other campus leadership experiences:

Involvement in organizations, groups, etc:

How did you hear about SPARKS Peer Education?

Please indicate any special skills:

Office/Clerical: _____

Computer: Check all that apply.

- Photoshop HTML Final Cut Word
 Publisher Excel Powerpoint
 Other _____

Public Speaking/Presentation related: _____

Please provide your Fall 2011 schedule of all classes and commitments below:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 AM					
9:00					
10:00					
11:00					
12:00 PM					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					
7:00					
8:00					
9:00					

FACULTY/STAFF RECOMMENDATION FORM

This form is to be completed by faculty/staff only.

You must provide 2 recommendations for your application to be considered complete.

Student's Name: _____

My contact with the student has been:

classroom advisee other _____

In your opinion, how well does the student qualify in the following areas:

Scale:	1=Poor	2=Below Average	3=Average	4=Above Average	5=Excellent	
Relating to peers	1	2	3	4	5	No Basis
Initiating leadership during group work	1	2	3	4	5	No Basis
Dependability	1	2	3	4	5	No Basis
Public speaking/ presentation skills	1	2	3	4	5	No Basis
Writing skills	1	2	3	4	5	No Basis
Character/Role Model	1	2	3	4	5	No Basis
Responsibility while completing assignments/complying with deadlines	1	2	3	4	5	No Basis

Indicate the strength of your overall endorsement by checking the appropriate space:

Highly Recommend Recommend Recommend with Reservation Do not Recommend

Additional Comments:

SPARKS Mission Statement:

The purpose of SPARKS is to advocate and facilitate healthy lifestyle choices, personal safety, and personal well being. Through education and awareness we hope to connect students to campus and community resources, enabling academic and social success.

Based on the above statement, do you feel confident that the student would accurately fit within the goals and purposes behind the SPARKS Peer Education program? Why or why not?

Name: _____ Title: _____

Signature: _____ Date: _____

Department: _____ Extension: _____

Thank you for assisting us with this process!

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