

Choosing Healthy Options in College Environment (CHOICE)
Peer Health Educator Internship (LHW 488) Application Form
CENTER FOR PREVENTION AND OUTREACH (CPO)

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NAME: _____ **SBU ID** _____
Phone number: _____
Senior ____ **Junior** ____ **Sophomore** ____
Commuter ____ **Resident** ____
Address: _____
E-mail: _____

Please indicate which campus organizations you are member of:

Athletics:
Sports Clubs:
Fraternity/Sorority:
International Student:
Other

How did you learn about this internship?

Are you able to commit to two semesters? Yes: ____ No: ____
(Preference is given to students who are able to commit to completing two semesters)

Training weekend – All Peer Educators are required to participate in weekend training in the beginning of the fall semester at an off campus location – transportation, food, training and accommodations are provided by CPO.

Please use the back of this form to write one paragraph to express your interest in CHOICE.

Return completed applications via email to CHOICE instructors or drop it at 216 Stony Brook Union.