## 

# Healthy Rebel Peer Educators

## Peer Educator/Peer Leader Application

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| Contact Information | | | | | | | | | | |
| Name: | |  | | | | Date: | | |  | |
| NSHE ID: | |  | | | | Year in School: | | |  | |
| Major: | |  | | | | Expected Graduation Date: | | |  | |
| Street Address: | |  | | | | City/State/Zip | | |  | |
| Phone: | |  | | | | RebelMail Address: | | |  | |
|  | | | | | | | | | | |
| How did you hear about Healthy Rebel Peer Educators? | | | | | | | | | | |
|  | Website/FB/Flyer | | |  | Friend/Colleague/Classmate | |  | In Class/Campus Event | | |
|  | | | | | | | | | | |
| What wellness & safety topics are you MOST interested In? (check all that apply) | | | | | | | | | | |
|  | Safer Sex & Relationships | | |  | Stress & Time Management | |  | Alcohol & Other Drugs Awareness | | |
|  | Physical Activity | | |  | Food & Nutrition Choices | |  | Impaired & Distracted Driving | | |
|  | Other: | |  | | | | | | | |
|  | | | | | | | | | | |
| Details | | | | | | | | | | |
| Please list all extracurricular/volunteer activities you are involved in at UNLV & off-campus (i.e. local, regional, national) | | | | | | | | | |  |
|  | | | | | | | | | | |
| What does the term “peer leader” mean to you? | | | | | | | | | |  |
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| Why are you interested in becoming a Healthy Rebel Peer Educator? | | | | | | | | | |  |
|  | | | | | | | | | | |
| Acknowledgement of Application | | | | | | | | | | |
| Please read the following carefully before submitting your application. If you have any questions/concerns, contact [starr.wharton@unlv.edu](mailto:starr.wharton@unlv.edu), 702-895-0288.  If selected to become a Healthy Rebel Peer Educator, I understand that I will be required to complete a 12-hour Certified Peer Educator™ Training (fees apply) or an academic course in Peer Education Leadership, plus any applicable Rebel Wellness Zone program/event trainings. Courses/Trainings are held variable semesters as needed.  I acknowledge that if selected as a Healthy Rebel Peer Educator, I will be a role model, leader, advocate and educator to my peers. I will represent the Student Organization, Rebel Wellness Zone, Student Recreation & Wellness Center, and UNLV wherever I may be. I understand that this includes my choices inside & outside the UNLV campus-community. If completing electronically, I acknowledge that typing my full name is my signature. | | | | | | | | | | |
| Signature | | | | | | | | Date | | |
| Submit this application to Starr Wharton, Assistant Director for Wellness Promotion, UNLV Rebel Wellness Zone or by email to [starr.wharton@unlv.edu](mailto:starr.wharton@unlv.edu).  Applications will be reviewed and candidates contacted.  Thank you for your application! | | | | | | | | | |  |