

# Peer Educator Application:

All Application materials must be turned in to Counseling Services.

Location: Russell West, 2<sup>nd</sup> floor, across from ROTC offices

**TIME COMMITMENT:** Minimum 3 hours per week to include a weekly meeting & presentations for peer educator duties only. Optionally, the amount of hours is flexible up to 14 hrs. per week if also performing work study duties (i.e. office administrative tasks).

**ACADEMIC REQUIREMENTS: Full-time enrollment**

Minimum cumulative GPA: 2.5

Minimum major GPA: 3.0

Minimum Earned Credit Hours by end of semester: 12

**MISSION:**

*Our mission is to offer Charleston Southern University students clear, accurate, and helpful information to maintain or improve their mental, emotional and physical health.*

**Our valued peer educators hold to the following principles.**

- We are committed to our personal wellness and engage in activities that keep us healthy
- We show our esteem for students by effectively offering well-prepared information
- We strive to create a meaningful experience for all participants
- We are members of a team that can count on each other
- We are willing to work towards having positive and healthy relationships with each other
- We understand our message content and present information in a conversational tone

## **JOB DESCRIPTION:**

- **Provide health related educational interventions for Charleston Southern University Students.**

### **The topics will include:**

- Substance abuse issues
- Stress
- Physical Health
- Body image
- Disordered eating
- Depression and anxiety

### **The formats for the intervention will be:**

- Group/classroom presentations
  - Health fairs
  - Screenings
  - New Student Orientation
- **Conduct research on health issues affecting college students**
  - **Assist in needs assessment activities program evaluation**
  - **Participate in weekly meetings**

## **TRAINING**

- Our main training strategy is for newer peer educators to watch and take part in presentations and other interventions conducted by more experienced peer educators or staff
- Additional training will take place in the weekly meetings

**NOTE:** The 2 recommendation forms must be completed by course instructors or supervisors from your current or previous place of employment. All recommendations must be signed by recommender on the seal of the envelope.

### **Mail or bring all application materials (in one envelope) to:**

Peer Education  
Counseling Services  
9200 University Boulevard  
Post Office Box 118087  
Charleston, SC 29423

# CSU Peer Education Application

Name \_\_\_\_\_

Date \_\_\_\_\_

Male \_\_\_\_\_

Female \_\_\_\_\_

Student ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Local Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_

Home phone \_\_\_\_\_

Cellular \_\_\_\_\_

Major \_\_\_\_\_

Major G.P.A. \_\_\_\_\_

Overall GPA \_\_\_\_\_

\*If grade point average falls below a 2.6 after being accepted or during participation in the Peer Education Program, acceptance will be reconsidered.

Class: Sophomore \_\_\_\_\_

Junior \_\_\_\_\_

Senior \_\_\_\_\_

Grad Student \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Expected semester course load for the Fall and Spring semesters \_\_\_\_\_

Total credits earned at a college or university (Min: 12 by end of semester) \_\_\_\_\_

Will you be working during this academic year? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Where? \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

# CSU Peer Education Application

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- Have you ever been involved in a college judicial sanction? YES\_\_ NO\_\_

If yes, please explain: \_\_\_\_\_

- Have you ever been arrested? YES\_\_ NO\_\_

If yes, please explain: \_\_\_\_\_

- Have you ever been hospitalized for a mental health issue? YES\_\_ NO\_\_

If yes, please explain: \_\_\_\_\_

- Are you experiencing any mental health concerns that are **not** successfully treated and managed? YES\_\_ NO\_\_

If yes, please explain: \_\_\_\_\_

List **any** impediments you might have to effectively delivering Peer Education services.

\_\_\_\_\_

List Charleston Southern University and or community activities:

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

# CSU Peer Education Application

## SELF EVALUATION AND ESSAY STATEMENT

Name: \_\_\_\_\_

1. Please evaluate yourself on the following characteristics. Keep in mind that we will be looking for evidence in your application and references to support your rating. Questions pertaining to your rating may be asked during an interview process.

	(Needs improvement)					(Outstanding)	
Communication skills	1	2	3	4	5	6	7
Ability to work as part of a team	1	2	3	4	5	6	7
Initiative	1	2	3	4	5	6	7
Follow through on commitments	1	2	3	4	5	6	7
Maturity	1	2	3	4	5	6	7
Accepts responsibility	1	2	3	4	5	6	7
Uses good judgment	1	2	3	4	5	6	7
Creativity	1	2	3	4	5	6	7

2. Essay Statement: **On a separate sheet of paper**, please attach a typed essay (1-2 pages) responding to both (a) and (b).

- Describe why you want to be in the **Peer Educator** Program.
- From the list of characteristics above, state which two (2) qualities you feel are most important to being a **Peer Educator** and describe prior experiences in which you have demonstrated these characteristics.

# Recommendation Form

# CSU Peer Education Program

**Candidate's Name:** \_\_\_\_\_

A small, select group of CSU students are trained to providing Peer Education to CSU students.

Training consists of public speaking skills, college health & wellness issues, and research.

Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

1. Please rate the Peer Educator candidate on the following:

	(Needs improvement)					(Outstanding)	
Communication skills	1	2	3	4	5	6	7
Ability to work as part of a team	1	2	3	4	5	6	7
Initiative	1	2	3	4	5	6	7
Follow through on commitments	1	2	3	4	5	6	7
Maturity	1	2	3	4	5	6	7
Accepts responsibility	1	2	3	4	5	6	7
Uses good judgment	1	2	3	4	5	6	7
Creativity	1	2	3	4	5	6	7

2. How long have you known the candidate?

3. Please describe your working relationship with the candidate:

4. Briefly describe the candidate's strengths:

5. Briefly describe the candidate's area(s) for growth:

6. Overall, do you:

\_\_\_\_\_ Highly recommend this candidate

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend with reservations

\_\_\_\_\_ Not recommend this candidate

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**Be sure to sign the seal of the envelope.**

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