

**University Counseling Center**

Loyola University New Orleans  
Danna Student Center, 2<sup>nd</sup> Floor, Room 208, Box 200  
**phone:** 504-865-3835 **fax:** 504-865-2382  
**email:** counsel@loyno.edu

**Health Education at Loyola Member Application**

Personal Information: Please write clearly and answer completely.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

College Major/Year \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

Please complete the following questions: (use a separate page, if necessary)

1. What interests you in educating other students about alcohol, drugs and related problems?

2. Please describe any experience you have with public speaking and/or creating educational presentations (experience is NOT required).

3. I bring the following skills Health Education at Loyola:

***My Commitment:***

I understand that to be a member of Health Education at Loyola I must:

- Attend mandatory training and planning meetings
- Commit to at least two academic semesters of service (if possible)
- Serve as a facilitator or co-facilitator of Peer Education Programs
- Assist in the marketing and development of informational programs
- Attend bi-weekly meetings

Name(please print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Return to: University Counseling Center, Danna Student Center, 2<sup>nd</sup> Floor, Room 208, Box 200