

• est. 1989 •

HEALTH PROS

PEERS REACHING OUT

Application

Name _____ Date _____

Phone _____ MavMail address _____@mnsu.edu

Major _____ Minor _____

Expected Credit Load: Fall _____ Spring _____ Expected Graduation Date _____

Star ID _____

List all training/experience that may be relevant to peer education (classes, workshops)

We require a minimum commitment of 3 hours a week to be a Health PRO. How many hours each week are you able and willing to commit to this program? _____

What do you expect to gain from your Health PROs experience? _____

What interests you most about being a Health PRO? _____

What do you consider to be your strengths? _____

What skills would you like to gain/improve? _____

Signature _____ Date _____

Please email completed application by **3 pm September 13th, 2024** to: lori.marti@mnsu.edu or drop off a printed copy: Health Education, Carkoski Commons Room 100, Minnesota State University, Mankato

Questions? Call 507-389-5689