

CENTER FOR PREVENTION & OUTREACH
Health Education Center

CHILL Peer Educator/Internship Program
LLC - LHW 488 - APPLICATION FORM

Living Learning Center
(LLC)

CHILL - Part 1

10:40a.m. - 11:35a.m.
Class # 58397
Register under LHW 488
Section 04

CHILL - Part 2

11:45a.m. - 12:40p.m.
Class # 56227
Register under LHW 488
Section 03

CHILL 1 and CHILL 2
classes meet in the SHS –
Health Education Center –
Rm. 217
On Monday & Wednesday

Date: _____ (Date application submitted.) Submitted to: _____

Your NAME: _____

SBU ID number _____

WHAT SEMESTER ARE YOU APPLYING FOR? _____ (semester/year)

Cell phone# _____ Campus phone number: _____

Do you work on campus? _____ If yes, where? _____

ADDRESS/Phone Number ON CAMPUS: _____

ADDRESS/Phone Number OFF CAMPUS: _____

CAMPUS e-mail: _____ OTHER e-mail: _____

YOUR MAJOR: _____ Class Year in FALL 2009: _____

WHEN DO YOU PLAN TO GRADUATE SBU? _____

How did you learn about this program? _____

IF the REQUESTED CLASS IS FILLED, DO YOU WISH TO BE PLACED ON A WAIT LIST AND/OR DO YOU WISH TO BE CONSIDERED FOR ANOTHER SEMESTER? YES: _____ NO: _____

WHAT MENTAL HEALTH TOPIC MOST INTERESTS YOU? _____

PREFERENCE IS GIVEN TO STUDENTS WHO are able to COMMIT TO COMPLETING TWO SEMESTERS.

ARE YOU ABLE TO COMMIT TO TWO SEMESTERS? YES: ____ NO: ____

TRAINING WEEKEND - Peer Educators are required to participate in training beyond the weekly classes. Fall 2009 training dates will be advised (anticipate spending 24 hours at an off campus location - transportation, food, training and accommodations provided by CPO - during the first three weeks of Spring 09 classes).

Tell us about YOU

Please let us know if any of the following apply to you and you are comfortable sharing:

Campus Resident? _____ Commuter _____ Transfer student _____ (If a transfer, from which school?) _____

Intercollegiate Athlete _____ Fraternity/Sorority Member (WHICH GROUP?) _____

International Student (From where?) _____

OTHER: _____

Please use the back of this form - or attach a separate sheet of paper - and tell us about your reasons for applying to enroll in the CHILL Program. Please include any relevant experience you may have.

Please call or email the CHILL co-instructors Kate Valerio - 632-9338 - Kathleen.Valerio@stonybrook.edu - Student Health Service - 2nd Floor - Rm. 213B - or - Michael Bombardier - 632-2748 - **Center for Prevention and Outreach** - Union - 2nd Floor - Michael.Bombardier@stonybrook.edu if you have questions.

Please return completed applications to one of the instructors - or - to Sharon Fletcher, Health Education

Center Department Secretary - Student Health Service - Rm. 211.