



Muhlenberg College Health Center
2400 W. Chew Street
Allentown, PA
(484) 664-3100

Please complete and submit the application with the sealed letters of support to the health center by December 2, 2011. Drop off the application in the box labeled "PHAM Applications" in the waiting room. Select an interview time on the interview sheet posted on the bulletin board located right outside the health center door by the stairs. Interviews will be held on December 9, 2011.

Questions: contact bergpeerhealthadvocates@gmail.com

Our mission:

Peer Health Advocates at Muhlenberg are student leaders who serve to promote the health and wellness of the campus community. To accomplish our mission, we:

- Empower all individuals in the community to engage in responsible decision-making by offering educational outreach activities and programming
Create a community support system that fosters active healthy lifestyles by connecting existing resources on campus
Lead the community in adopting health promoting behaviors by sustaining a healthy culture on campus

Form with fields: APPLICANT INFORMATION, LAST NAME, FIRST NAME, CLASS YEAR, GENDER, MAILBOX #, HOME ADDRESS, CELL PHONE #, EMAIL ADDRESS, MAJOR(S), MINOR(S), ARE YOU IN ACADEMIC GOOD STANDING? (Yes/No checkboxes)

- DESCRIBE A PRIOR LEADERSHIP EXPERIENCE YOU'VE HAD (ON OR OFF CAMPUS).

PLEASE READ AND INITIAL THE FOLLOWING EXPECTATIONS OF PHAM MEMBERS:

_____ I WILL ATTEND TRAINING (DATES TBA)

_____ I WILL COMMIT TO SERVING 15 HOURS PER SEMESTER WITH PHAM
(PARTICIPATE IN OUTREACH/EDUCATION ACTIVITIES INCLUDING STAFFING TABLES &
REPRESENTING PHAM AT VARIOUS EVENTS)

_____ I WILL ATTEND ALL SCHEDULED MONTHLY MEETINGS

_____ I WILL ATTEND ALL ON-GOING TRAININGS

_____ I WILL FACILITATE DISCUSSIONS CONCERNING HEALTHY LIFESTYLE CHOICES

_____ I WILL BE A ROLE MODEL FOR PEERS

THE FOLLOWING PAGES ARE LETTERS OF SUPPORT. ONE IS TO BE FILLED OUT BY A PROFESSOR OR MEMBER OF THE MUHLENBERG COLLEGE STAFF. THE OTHER IS TO BE TO FILLED OUT BY A PEER (THIS MUST BE A SA, RA, LA, TUTOR, TUTEE, EXECUTIVE MEMBER OF CLUB YOU PARTICIPATE IN, OR CO-WORKER). IT IS MANDANTORY THAT THE LETTER RETURNS TO THE HEALTH CENTER IN A SEALED ENVELOPE.

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

FOR OFFICE USE ONLY:	
RECEIVED: _____	LETTERS OF SUPPORT: _____
DATE OF INTERVIEW: _____	



FACULTY/STAFF LETTER OF SUPPORT

PHAM: PEER HEALTH ADVOCATES AT MUHLENBERG

APPLICANT'S NAME: _____

YOUR NAME: _____

RELATION TO APPLICANT: _____

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WHAT QUALITIES, SKILLS, & CHARACTERISTICS DOES THIS APPLICANT POSSESS THAT MAKE YOU CONFIDENT SHE/HE CAN FULFILL THE GOALS OF OUR MISSION? (MAXIMUM: 300 WORDS)



PEER LETTER OF SUPPORT

PHAM: PEER HEALTH ADVOCATES AT MUHLENBERG

APPLICANT'S NAME: _____

YOUR NAME: _____

RELATION TO APPLICANT: _____

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