



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 front desk by Friday September 30. Interviews will be scheduled shortly thereafter..

Questions: contact cd248989@muhlenberg.edu; hd247562@muhlenberg.edu

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)

PLEASE READ AND INITIAL THE FOLLOWING EXPECTATIONS OF PHAM MEMBERS:

_____ I WILL ATTEND TRAINING (DATES TBA)

_____ I WILL COMMIT TO SERVING AT LEAST 3 HOURS PER MONTH THROUGHOUT THE SEMESTER, WITH PHAM (PARTICIPATING IN OUTREACH/EDUCATION ACTIVITIES INCLUDING STAFFING TABLES & REPRESENTING PHAM AT VARIOUS EVENTS)

_____ I WILL ATTEND ALL SCHEDULED WEEKLY 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 MANDATORY 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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