



PHAM
 c/o Health Services
 Muhlenberg College
 2400 W. Chew Street
 Allentown, PA
 (484) 664-3199

Please email your application and letters of support to PHAM@Muhlenberg.edu by May 11. Interviews will be scheduled a later date.

Questions: contact PHAM@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*

APPLICANT INFORMATION		
LAST NAME:		FIRST NAME:
CLASS YEAR:	GENDER IDENTITY:	MAILBOX #
HOME ADDRESS:		
CELL PHONE #:		
EMAIL ADDRESS:		
MAJOR(S):		
MINOR(S):		
ARE YOU IN ACADEMIC GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE READ AND INITIAL THE FOLLOWING EXPECTATIONS OF PHAM MEMBERS:

_____ I WILL COMMIT TO BE AN ACTIVE MEMBER AND TO APPLY MYSELF AS A PEER ADVOCATE

_____ I WILL ATTEND TRAINING (DATES TBA)

_____ I WILL COMMIT TO SERVING AT LEAST 3 HOURS PER MONTH (IN ADDITION TO THE WEEKLY MEETING) 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 (1.5 HOUR)

_____ 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 FILLED OUT BY A PEER (THIS MUST BE A CURRENT PHAM MEMBER SA, RA, LA, TUTOR, TUTEE, MEMBER OF CLUB YOU PARTICIPATE IN, OR CO-WORKER).

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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