

H.A.P.E

HIV/AIDS PEER EDUCATORS

Application for Membership

Name _____ Birthday ____/____/____ Age _____

Address _____

Cell Phone _____ Dorm Room Phone(campus resident) _____

Other Phone _____ Email Address _____

If you stay on campus, please give your home and any other numbers for contact purposes. Due to the fact that membership can change easily, make it hard to contact members if you don't have an accurate membership for them! This may result in being excluded from organization functions or meetings!!!

G.P.A. _____ Classification _____ Year of Graduation _____

Major _____ Special Skills _____

Emergency Contact:

Name _____ Relation _____ Phone _____

Address _____

What inspired you to become a peer educators? _____

How will being a peer educator benefit you? _____

Where did you hear about H.A.P.E.? _____

How do you feel About a 2-day training Session? _____

Are you willing to complete the required 2-day training session? YES NO

Are you comfortable talking in front of people? YES NO

Will you make an effort to attend scheduled meeting and practices? YES NO

Are you willing to participate as much as possible in these club activities?