

**Wellness Resource Center  
PAWS (Peers Advocating Wellness Solutions)  
Wellness Peer Educator Application**

Name:                      First                      Middle                      Last

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Preferred Name: \_\_\_\_\_

Local Address:                      Street                      City                      State                      Zip

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Permanent Address:                      Street                      City                      State                      Zip

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Local Phone: (    )                      Permanent Phone: (    )

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E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Major: \_\_\_\_\_

**On a separate sheet of paper, please provide the following information.**

1. Personal references: Two (2) faculty/staff (include name, department, phone number and e-mail address) and at least one (1) student (include name, phone number and e-mail address).
2. Please list your work experiences, volunteer activities, and campus involvement (note those activities you are currently involved in). List your most recent involvement first and include dates of service and duties performed.
3. Why are you applying to be a Wellness Peer Educator?
4. What strengths do you think you have that may enhance our program?
5. List the courses you have taken which deal with issues of wellness (nutrition, nursing, biology, etc.)
6. Describe the/any experiences you have had involving public speaking
7. What do you expect to gain from the experience of being a Wellness Peer Educator?

**Please return application to:  
Wellness Resource Center and ADAPT  
34 Brady Commons, Columbia, MO 65211  
(573) 882-4634**