CPO © SHS & CAPS - Health Education Center
Peer Educator/Internship Program
LLC - LHW 488 - APPLICATION

APPLICANT NAME: ____________________________
First name, last (as appears in SOLAR) PLEASE PRINT CLEARLY!

Preferred name (if different than name in SOLAR): ____________________________

SBU ID number: __________________ Date: __________________
(Date application submitted)

WHAT SEMESTER ARE YOU APPLYING FOR? ____________________________
(Semester/year)

ANTICIPATED GRADUATION DATE? ____________________________
(Semester/year)

Cell phone# __________________ Home phone# __________________

Do you work on campus? _____ Where? ____________________________

The Chill Peer Education program is a two-semester, 400-level internship. Preference is given
to students with upper-division standing who are able to commit to two consecutive semester
enrollment. Applications accepted for the Spring Chill Program until November 15th of the preceding semester.
Applications accepted for the Fall Chill Program until May 1st of the preceding Spring semester.
You will be contacted after November 15th (Spring), May 1 (Fall), to schedule your program interview. ARE YOU ABLE
TO COMMIT TO TWO SEMESTERS? YES: ___ NO: ___

Campus Resident? ____________________________ Where? ____________________________

ADDRESS OFF CAMPUS: ____________________________ Where? ____________________________

CAMPUS e-mail: ____________________________ OTHER e-mail: ____________________________

MAJOR: ____________________________ Class Standing (during first semester of enrollment) ____________________________

WHAT MENTAL HEALTH TOPIC MOST INTERESTS YOU? ____________________________

TELL US ABOUT YOU!

Please use the back of this form - or attach a separate sheet of paper - and tell us how you found out about
the program and why you are interested in joining the Chill Peer Education Program. If applicable, also
relevant experience you may have related to peer education and/or health outreach and/or campus
involvement.

Please return completed applications via email to Kathleen Valerio - or- in person to CPO © SHS & CAPS
- Health Education Center -Rm. 211A CPO/SHS Secretary - Sharon Fletcher.

QUESTIONS?
• E-mail Chill Program Coordinator, Kathleen (Kate) Valerio, MS, @ Kathleen.Valerio@stonybrook.edu
  Office located in Student Health Service, CPO © SHS& CAPS - Health Education Center, Rm. 213B.
• VISIT CENTER FOR PREVENTION AND OUTREACH @ Stony Brook University’s CPO WEBSITE
  http://studentaffairs.stonybrook.edu/cpo/index.shtml - Under PEER GROUPS, Health Education.

 Revised: 9/30/2011