PEER EDUCATORS PROGRAM
Students Connecting Students to the Issues

I. Program Summary:
The goal of the Peer Educator program is to bridge the gap between the students and mental health. It is an opportunity for Stevens Institute students to develop leadership, community outreach, and human services skills while building their community services experience. These students will serve as change agents as they promote health and wellness in the Stevens community as representative of the Student Counseling and Disability Services.

Peer Educators are a group of student volunteers who will go out into the Stevens Community as Counseling Center representatives and provide outreach and education to their peers and the SIT Community as a whole. Peer Educators will meet weekly to be trained in a variety of topics relevant to college students and mental health. Training will also include workshop development, public speaking skills and role modeling.

II. Application Criteria and Procedures:

- Complete the Peer Educator Application
- Submit two references (cannot be a relative).
- Applicants must be in good academic and judicial standing.
- Applicants must have at least a 2.5 grade point average
- Only 2nd year students and above may apply
- Must be able to make an academic year commitment to the program.
- 6-8 students will be chosen.

III. Responsibilities:

- Participate in a weekly training/supervision meeting Wednesday afternoons from 1:00-3pm.
- Run monthly informational tables on a variety of mental health topics i.e. depression, anxiety, drinking/alcohol…
- Attend school wide events as a representative of the counseling center. These may take place off hours i.e. evening or weekends.
- Provide outreach workshops as needed to different groups on campus.

IV. Benefits:

- Gain valuable community service experience
- Gain extensive knowledge about mental health and wellness
- Gain training in interpersonal skills, public speaking, and workshop development

**Applications are ongoing - Interviews will begin immediately. **
PERSONAL INFORMATION

Name: ___________________________ ____________________________  Student ID#:___________________

Last   First  M.I

Campus or Local Address: _______________________________________ ______________________

Phone: Home ___________________________   Cell: ___________ ______________________

Email: ________________________________

COLLEGE EXPERIENCE

Academic Class:  So __   Jr __   Sr __  Gr __  MAJOR: ___________________    Expected Graduation date: ____

G.P.A. Last semester ___________  Cumulative G.P.A. ____________

Are you in good academic and social standing?   Yes  No (If no, please explain below)

__________________________________________________________________________________

__________________________________________________________________________________

LEADERSHIP EXPERIENCE/ACTIVITIES

Please list current and/or previous experience with campus and/or community activities or organization?  Please list any office held.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What other activities, organizations, internships, on-off campus jobs, or possible coop do you plan to participate in this year?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

REFLECTION QUESTIONS

What interested you in becoming a Peer Educator?  What do you hope to contribute?  What do you hope to get out of the experience?  (Continue on a separate page if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Please describe your personal qualities, skills and interest you possess which make you a good Peer Educator? How do you see them benefiting this group?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please provide the name and contact information of two people who can speak to your qualifications. You can provide either an email by which I can reach them or a letter of reference.

1. ______________________________________________  Phone: ___________________________________
   Email:   ___________________________________

2. ______________________________________________  Phone: ___________________________________
   Email:   ___________________________________

I agree to commit to the goal of the Stevens Institute Counseling Center Peer Educators Program (PEP). I recognize the importance of 100% prompt and complete attendance at the weekly training/supervision. I also agree to respect the confidentiality of the other peer educators during this training/supervision. If I am accepted, I agree to serve as a role model and student leader for the other Stevens Institute of Technology Students. I confirm that the information provided on this application is true and to the best of my knowledge.

Name: _____________________________________   Date: ____________________________
Signature: __________________________________

**Applications are being accepted on an ongoing basis.**

Any questions or concerns please contact:
Dr. Melissa Shuman Zarin
Student Counseling and Disability Services
Mzarin@Stevens.edu
201-216-5067

"Never believe that a few caring people can't change the world. For, indeed, that's all who ever have." - Margaret Mead

"The strength of the team is each individual member. The strength of each member is the team." - Phil Jackson