

**Raider Health Corps Application**  
**2011-2012**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Major: \_\_\_\_\_ Date of Expected Graduation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Permanent Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Why are you interested in becoming a member of Raider Health Corps? What are your personal goals for volunteering with this group?
  
  
  
  
  
  
  
  
  
  
2. Please list and describe relevant courses, training, experience, or related talents/abilities that you think would contribute to your involvement as a Raider Health Corps member?
  
  
  
  
  
  
  
  
  
  
3. What aspects of health education are you interested in? (Check all that apply.)
  - Present programs for residence halls, fraternities, sororities, athletes, student organizations, etc.
  - Teach in classes/give workshops
  - Organize large events (Alcohol Awareness Week, health fairs, Great American Smokeout, etc.)
  - Write articles for a possible newsletter or website
  - Marketing and/or public relations (designing posters, advertise events, etc.)
  - Other \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
4. What topics below are of interest to you? (Check all that apply.)
  - Alcohol and drug related issues
  - Nutrition/Weight management
  - Eating disorders/ Body image
  - Sexual health
  - Sexual Assault
  - Stress Management
  - Smoking cessation
  - Other \_\_\_\_\_

5. Being a member of Raider Health Corps involves ongoing time and energy commitment (trainings, programming, etc.). How many hours per month can you realistically commit to Raider Health Corps?

**Student Organization Involvement:** Indicate any student organizations you are currently or will be involved in during the upcoming semesters.

Organization	Office(s) Held (if any)	Dates in Group	Identify any Transferable Skills

**Applicable experiences:** Indicate any information you may feel might be pertinent to this application that has not already been mentioned. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that all statements and answers set forth on this application are complete and true. I understand that false statements or omissions will cause termination of my application.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

Print your completed application and return to:

MTSU Health Promotion  
 Health, Wellness, and Recreation Center (REC) 1106  
 MTSU Box 237  
 thomason@mtsu.edu