### 

### Outreach Team Application

**DUE DATE: Friday, April 7, 2017 by noon**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | | | | |  | |  | Email: |  | | | | | | |  |
|  | | | | | |  | |  | (As some coordination of events will take place during the summer by email, please ensure that the email address listed above is one you will check during the summer semester.) | | | | | | | | |
| W#: | | | W | | | | |  | Phone: |  | | | | | | |  |
| Address: | | | | | |  | |  |  | | |  |  | |  |  |  |
|  | | | | | | Street | |  | City | | |  | State | |  | Zip | |
| Current Student Status: | | | | | | | Sophomore | | Junior | | Senior | | | | | | |
| Major: | | | | |  | | |  | Anticipated Graduation Date: | | | | |  | | |  |
| GPA: | | | |  | | | |  |  | | | | |  | | | |
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| 1. | Have you completed all department requirements to be eligible for Field Placement?  Yes  No | | | | | | | | | | | | | | | | |
| 2. | How did you hear about this program? | | | | | | | | | | | | | | | | |
| 3. | Applicants are asked to be available for weekly trainings on Mondays from 1:30-3:00 PM. Are you available at this time?  Yes  No | | | | | | | | | | | | | | | | |
| 4. | | Applicants must be available for one ½-day training on the Friday prior to the start of fall semester. Are you available on this day?  Yes  No  **Over** | | | | | | | | | | | | | | | |

**Please briefly respond to the following:**

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| 5. | In your opinion, what is mental health? |
| 6. | Describe your interest in this program and developing outreach programs. |
| 7. | Do you have an interest in a specific area of mental health promotion? If so, how would you like to develop that interest as a member of the Outreach Team? |
| 8. | Please attach a CV or resume, including names & contact information for two references. |