

H.A.P.E  
HIV/AIDS PEER EDUCATORS  
Application for Membership

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Dorm Room Phone( campus resident) \_\_\_\_\_

Other Phone \_\_\_\_\_ Email Address \_\_\_\_\_

If you stay on campus, please give your home and any other numbers for contact purposes. Due to the fact that your number may change yearly, it makes it hard for us to contact members if we don't have any contact number for them! This may result in being excluded from organization functions or meetings!!!

G.P.A. \_\_\_\_\_ Classification \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Major \_\_\_\_\_ Special Skills \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

What inspired you to become a peer educators? \_\_\_\_\_

How will being a peer educator benefit you? \_\_\_\_\_

Where did you hear about H.A.P.E.? \_\_\_\_\_

How do you feel About a 2-day training Session? \_\_\_\_\_

Are you willing to complete the required 2-day training session?	YES	NO
Are you comfortable talking in front of people?	YES	NO
Will you make an effort to attend scheduled meeting and practices?	YES	NO
Are you willing to participate as much as possible in these club activities?	YES	NO
Do you understand that being a part of H.A.P.E. requires you to be a dedicated active member in order to claim membership in this organization?	YES	NO

Thank you for choosing to be a member of H.A.P.E.! The board is really looking forward to working with you this year!!

Signature \_\_\_\_\_ Date \_\_\_\_\_