

The UT S.W.A.T. Team
Student Wellness Awareness Team Application

Please use pen. No need to type.

Name: _____

Social Security Number: _____ - _____ - _____

Local Address: _____

Local Phone Number: _____

Email address: _____

Home Address: _____

Home Phone Number: _____

Current Class/Year: (circle one)
Freshman Sophomore Junior Senior Graduate

College: _____ **Major:** _____

GPA: _____ **Expected Graduation Date:** _____

List two UT references (faculty, administrators, or staff).

	Name	Title	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Please respond to the following questions.

1. List all campus and/or community activities in which you are/were involved. Please indicate your level of responsibility (e.g. officer/member/etc.)

2. What does *Wellness* mean to you?

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3. The UT S.W.A.T. Team members serve as the peer educators for the University of Toledo. What personal strengths/unique qualities would you bring to this position?

4. Why are you interested in becoming a member of the UT S.W.A.T. Team?

Signature _____ *Date* _____

☺ **Please bring this completed application with you to your interview.**

If you have any questions, please contact:

Darci Ault

Health Promotion Program Coordinator

Student Recreation Center/Division of Student Affairs

Office located on bottom floor of Student Recreation Center

(419) 530-3487

Thank you for your interest!