

Prevention Internship Application

Before submitting an application, you must attend an Information Session.

All Application materials must be turned in to Counseling and Substance Abuse Services.

Location: Top Floor of Robert Scott Small Building

TIME COMMITMENT: Minimum 3 hours per week for the academic year 2006-2007

ACADEMIC REQUIREMENTS: Full-time enrollment

Minimum cumulative GPA: 2.5

Minimum major GPA: 3.0

Minimum Earned Credit Hours by end of semester: 12

MISSION:

Our mission is to offer College of Charleston students clear, accurate, and helpful information to maintain or improve their mental, emotional and physical health.

Our valued prevention interns and counselors hold to the following principles.

- We are committed to our personal wellness and engage in activities that keep us healthy
- We set an example for responsible substance use in our communities
- We show our esteem for students by effectively offering well-prepared information
- We strive to create a meaningful experience for all participants
- We are members of a team that can count on each other
- We are willing to work towards having positive and healthy relationships with each other
- We understand our message content and present information in a conversational tone

JOB DESCRIPTION:

- **Provide health related educational interventions for College of Charleston students**

The topics will include:

- Substance abuse issues
- Stress
- Sexual health
- Body image
- Disordered eating
- Depression and anxiety

The formats for the intervention will be:

- Group/classroom presentations
- Health fairs
- Screenings
- New Student Orientation

- **Conduct research on health issues affecting college students**
- **Assist in needs assessment activities program evaluation**
- **Participate in weekly meetings**

TRAINING

- Our main training strategy is for newer peer educators to watch and take in part in presentations and other interventions conducted by more experienced peer educators or staff
- Additional training will take place in the weekly meetings

NOTE: The 2 recommendation forms must be completed by course instructors or supervisors from your current or previous place of employment. All recommendations must be signed by recommender on the seal of the envelope.

Mail or bring all application materials (in one envelope) to:

Prevention Internship
Counseling and Substance Abuse Services
175 Calhoun Street
College of Charleston
29414

College of Charleston Prevention Internship Application

Name _____ Date _____

Male _____ Female _____ Student ID# _____

Date of Birth _____ Email Address _____

Local Address _____

Permanent Address _____

Home phone _____ Cellular _____

Major _____ Major G.P.A. _____ Overall GPA _____

** If grade point average falls below a 2.6 after being accepted or during participation in the Peer Education Program, acceptance will be reconsidered.*

Class: Sophomore _____ Junior _____ Senior _____ Grad Student _____

Expected date of graduation _____

Expected semester course load for the Fall and Spring semesters _____

Total credits earned at a college or university (Min: 12 by end of semester) _____

Will you be working during this academic year? YES _____ NO _____

If yes: Where? _____

Number of hours per week: _____

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- Have you ever been involved in a college judicial sanction? YES__ NO__

If yes, please explain: _____

- Have you ever been arrested? YES__ NO__

If yes, please explain: _____

- Have you ever been hospitalized for a mental health issue? YES__ NO__

If yes, please explain: _____

- Are you experiencing any mental health concerns that are **not** successfully treated and managed?

YES__ NO__

If yes, please explain: _____

List **any** impediments you might have to effectively delivering Peer Education services.

List College of Charleston and or community activities:

Signature of Applicant: _____ Date: _____

College of Charleston Prevention Internship

SELF EVALUATION AND ESSAY STATEMENT

Name: _____

1. Please evaluate yourself on the following characteristics. Keep in mind that we will be looking for evidence in your application and references to support your rating. Questions pertaining to your rating may be asked during an interview process.

	(Needs improvement)				(Outstanding)			
Communication skills	1	2	3	4	5	6	7	
Ability to work as part of a team	1	2	3	4	5	6	7	
Initiative	1	2	3	4	5	6	7	
Follow through on commitments	1	2	3	4	5	6	7	
Maturity	1	2	3	4	5	6	7	
Accepts responsibility	1	2	3	4	5	6	7	
Uses good judgment	1	2	3	4	5	6	7	
Creativity	1	2	3	4	5	6	7	

2. Essay Statement: **On a separate sheet of paper**, please attach a typed essay (1-2 pages) responding to both (a) and (b).

a. Describe why you want to be in the **Prevention Internship** Program.

b. From the list of characteristics above, state which two (2) qualities you feel are most important to being a **Prevention Intern** and describe prior experiences in which you have demonstrated these characteristics.

Recommendation Form

College of Charleston Prevention Internship

Candidate's Name: _____

A small, select group of College of Charleston students are trained to providing Peer Education to College of Charleston students. Training consists of public speaking skills, college health & wellness issues, and research.

Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

1. Please rate the Peer Educator candidate on the following:

	(Needs improvement)					(Outstanding)	
Communication skills	1	2	3	4	5	6	7
Ability to work as part of a team	1	2	3	4	5	6	7
Initiative	1	2	3	4	5	6	7
Follow through on commitments	1	2	3	4	5	6	7
Maturity	1	2	3	4	5	6	7
Accepts responsibility	1	2	3	4	5	6	7
Uses good judgment	1	2	3	4	5	6	7
Creativity	1	2	3	4	5	6	7

2. How long have you known the candidate?

3. Please describe your working relationship with the candidate:

4. Briefly describe the candidate's strengths:

5. Briefly describe the candidate's area(s) for growth:

6. Overall, do you:

____ Highly recommend this candidate
____ Recommend

____ Recommend with reservations
____ Not recommend this candidate

Signature of recommender _____ Date _____

Name _____ Title _____

Be sure to sign the seal of the envelope.

PEER EDUCATOR PROGRAM

Recommendation Form

Candidate's Name: _____

A small, select group of College of Charleston students are trained to providing Peer Education to College of Charleston students. Training consists of public speaking skills, college health & wellness issues, and research.

Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

1. Please rate the Peer Educator candidate on the following:

	(Needs improvement)					(Outstanding)	
Organization skills	1	2	3	4	5	6	7
Communication skills	1	2	3	4	5	6	7
Ability to work as part of a team	1	2	3	4	5	6	7
Initiative	1	2	3	4	5	6	7
Follow through on commitments	1	2	3	4	5	6	7
Maturity	1	2	3	4	5	6	7
Accepts responsibility	1	2	3	4	5	6	7
Uses good judgment	1	2	3	4	5	6	7
Creativity	1	2	3	4	5	6	7

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6. Overall, do you:

_____ Highly recommend this candidate
_____ Recommend

_____ Recommend with reservations
_____ Not recommend this candidate

Signature of recommender _____ Date _____

Name _____ Title _____

Be sure to sign the seal of the envelope.