

Greeks Advocating for the Mature Management of Alcohol

"Peer Health Education for the Greek Community"

Name: _____ Class Year: _____ Expected Graduate Date: _____

Age: _____ Major: _____ Greek Organization (Spelled out): _____

Greek Organization Position (If Applicable): _____ Cell Phone Number: _____

Campus Address: _____

E-Mail: _____ Oak ID: _____ PID: _____

How did you hear about GAMMA (Please select all that apply.)

- I am a Current GAMMA Member
- Presentation
- My executive Board
- Meeting or Presentation
- Sexual Assault, Alcohol, CHOICES or Hazing Program
- Other _____

Will you be able to give a year of service? Yes: No:

This program requires weekly commitments. Will you be able to incorporate time into your schedule to meet the needs of GAMMA? Yes: No: If you answered no, please explain:

Why do you want to be considered for GAMMA?

Please explain any background experience you have which relates to GAMMA (personal, organizational, employment, volunteer work, courses, etc.)

What would you consider a positive way to reach out to the Greek Community? (Please be specific and explain your idea/s.)

Please list the leadership traits you would bring to GAMMA?

What is the most important thing you have learned from being a Greek?

Please list activities you are involved in, including employment and organizations (Please specify any **CURRENT** leadership roles such as president, treasurer, secretary, etc.)

Please check all of the topic areas that interest you:

- Sexual Assault Awareness Alcohol Awareness CHOICES Presentation and Facilitation
 Prescription Drug Awareness Personal Perception/Self Esteem Hazing Awareness
 Treasurer Activity coordination Fund Raising
 After Hour Projects Greek Community Programming Other: _____

What health or wellness issue do you think needs to be addressed most within the Greek Community?

Please provide names, phone numbers, and e-mail addresses of two individuals (not related to you) who can serve as references (freshmen may submit names of high school teachers/counselors/advisors).

Reference 1:

Name: _____ Phone Number: _____

Email Address: _____ Relation: _____

Reference 2:

Name: _____ Phone Number: _____

Email Address: _____ Relation: _____

Application is due by February 12th at 4:30 P.M. in Baker Center 355