Healthy Noles Volunteer Application

The Health Promotion Department at University Health Services Health and Wellness Center provides FSU students with opportunities to gain valuable professional experience and build leadership skills. These hands-on opportunities and practical experiences are designed to strengthen your understanding of Health Education/Health Promotion.

Full Name

E-mail Address

Phone Number

Major of Study

Anticipated Graduation Date

1. How do you see volunteering with Healthy Noles benefitting your professional and/or educational goals?

2. In your opinion, what attitudes, behaviors, or beliefs currently held by the FSU community are the most detrimental to the current or future health, wellbeing and success of FSU students?

3. We hope to provide opportunities to you as Healthy Noles Volunteer to sharpen your existing skills and develop new skills. How would you rate your present skill level?

Presentation skills

None  Basic  Intermediate  Advanced

Communication skills

None  Basic  Intermediate  Advanced
**Advocacy skills**
None     Basic     Intermediate     Advanced

**Community Organization skills**
None     Basic     Intermediate     Advanced

**Leadership skills**
None     Basic     Intermediate     Advanced

**Event Management skills**
None     Basic     Intermediate     Advanced

**Planning, Organizing, implementing, administering & evaluating health education Program**
None     Basic     Intermediate     Advanced

4. Keeping in mind all other extracurricular interests & activities, honestly and realistically, how many hours do you anticipate being able to commit to the Healthy Noles Volunteer program per week?
   a. 2-4 hours
   b. 4-6 hours
   c. 6-10 hours
   d. 10-20 hours

5. What interests you about becoming a Healthy Noles Volunteer? (150 words or less)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. How did you hear about the Healthy Noles Student Organization? (Circle all that apply)
   a. Friend
   b. Website
   c. Class
   d. New student orientation
   e. Other __________________
7. Do you have a specific interest? (Circle all that apply)
   a. Nutrition
   b. Exercise
   c. Sexual Health
   e. Tobacco/Smoking Cessation
   f. Alcohol
   g. Drugs

8. Please provide any additional information you feel will assist us.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________