SNAC Application

Student Nutrition & wellness Advocates at COC

Students helping students to eat well, be active, & feel good!

Name: ___________________________ Today’s Date: ________________

Email: ___________________________ Student ID #: ___________________

Phone: (Home) ________________________ (Cell) __________________________

Major: ___________________________ When do you plan to graduate? __________

Why do you want to be part of SNAC?

List courses you have taken that would help you be an effective peer health advocate?

Describe any relevant experience (work, volunteer, personal, etc.) that would help you be an effective peer health advocate.

Other than SNAC, what are your planned activities/time commitments for next semester?

School (number of units):

Work, volunteer activities, clubs, sports, etc. (number of hours/week in each activity):

IMPORTANT: All SNAC members are required to attend a 2 hour orientation meeting the first week of Fall/Spring semester (typically Friday, 9-11 a.m.). You will receive an email announcement about this important meeting about 1 month in advance.

Please return to SNAC Faculty Advisor Sheri Barke in the Student Health Center (STCN-122).