

COLLEGE OF THE CANYONS
STUDENT HEALTH & WELLNESS CENTER

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) _____

Address: _____ City / Zip: _____

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):

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Name: _____ (Circle one) Fall / Spring (Year) 20_____

Available Hours

Please put an "X" in the time blocks that you can be available for SNAC activities.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8 AM – 9 AM						
9 AM – 10 AM						
10 AM – 11 AM						
11 AM – 12 PM						
12 PM – 1 PM						
1 PM – 2 PM						
2 PM – 3 PM						
3 PM – 4 PM						
4 PM – 5 PM						
5 PM – 6 PM						
6 PM – 7 PM						

Comments: _____

All SNAC members are required to attend a 2 hour orientation & planning meeting the first week of school. While every effort will be made to accommodate everyone’s schedule, you may need to change your plans in order to attend this very important meeting.

I have read the SNAC program description, and I understand the goals of SNAC and the responsibilities and privileges of SNAC membership.

Signature: _____ Date: _____

Please return to Sheri Barke in the Student Health & Wellness Center (STCN-122).