###### HEALTHY CUNY JANUARY 2012 WORKSHOP APPLICATION

 **Workshop Dates: January 20, 23, 24, 25 with a follow-up session during Spring semester (date t.b.a.)**

*\*Application Deadline: 12:00 p.m. December 15, 2011*

Please answer each question and type or print all responses clearly.

Last Name: First Name:

Email Address: Phone Number:

Home Address:

I am available to attend all 4 scheduled workshop sessions (January 20, 23, 24, 25).

Yes No

Name of the CUNY College you are attending:

Date of birth:

Are you a full-time or part-time student? Full-time Part-time

*(Please mark using an X)*

What is your college major/specialization?

Number of credits as of December 30, 2011:

Expected date of graduation:

What kind of program are you in? *(Please mark using an X)*

Doctoral Masters Undergrad Community College

List all languages that you speak:

Please provide the contact information of an academic or professional reference.

*(You may submit a letter of recommendation if available.)*

Name:

Title:

Organization:

Telephone /Email address:

Have you attended a CUNY Diabetes or Healthy CUNY Workshop before?

Yes No If yes, when?

Will you be completing an academic field placement or internship during Spring 2012?

Yes No If yes, where?

Have you ever worked for CUNY? Yes No If yes, dates:

All workshop participants will be required to complete a Healthy CUNY campus project focusing on one of 3 content areas: **Tobacco, Nutrition/Physical Activity/Food Security and Hunger, or Mental Health**. Projects will be student-led and will align with the broad goals of the Healthy CUNY initiatives, which include encouraging use of services, and reducing health-inhibiting stigma, and creating more healthful environments on CUNY campuses.

Do you have skills or experience in any of the following areas? *(Please X all that apply.)*

Website design Graphic design Social network/Media marketing

 Translation of educational materials (from English into another language)

Have you ever worked for pay or as a volunteer in: Tobacco Control

Nutrition/Physical Activity/Food Security Mental Health

Are you currently a member of a campus-based student group or club? Yes No

If yes, what is the name of that group?

If yes, please describe any health related work done by the student group/club. Please note any leadership roles you might have in the student group/club.

Please provide a summary of the jobs, internships or volunteer positions that you have held in the last 3 years using the table below, describing in detail any positions you have held that involved work on tobacco, nutrition/food, physical activity, or mental health. *(You may attach your resume if you prefer.)*

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| --- | --- | --- | --- |
| Organization  | Your Job Title  | Dates | Description of your activities |
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Please describe your ideas for a Healthy CUNY campus project in 7-10 sentences. Include a description of the problem that will be addressed, activities you will undertake and resources available for implementing this project on your campus.

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**\*Applications must be received *by 12:00 p.m. December 15, 2011* at the following email address:** **healthyCUNYworkshop@gmail.com**