Heritage High School Peer Educator Application

Tobacco Use Prevention Education (TUPE)

Please return this completed form to Mrs. Perales in A103.

Thank you for your interest in becoming a TUPE Peer Educator!

Student Information

First Name: ____________________________  Last Name: ____________________________
Grade: _______  Phone (for the group chat): __________________

1. Do you feel that you can meet the following responsibilities of peer educators?
   a. Plan and help with school-wide tobacco campaigns  Y  N
   b. Attend team meetings (lunch time or after school)  Y  N
   c. Conduct classroom peer education presentations  Y  N

2. Why do you want to become a peer educator?

   ____________________________________________________________________________
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3. Being a peer educator means that you will be responsible for teaching your classmates. What strengths and leadership skills do you have that will help you accomplish this?

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4. Please briefly describe why you want to do tobacco prevention work.

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Applicant’s Statement
If selected, I agree to attend regularly scheduled meetings, ongoing working sessions with my team, and will keep up with all my classroom work and home work.

Student Signature: _________________________________ Date: ________________

Parent/Guardian Information:
Parent/Guardian
Name(s): __________________________________________
Parent/Guardian Phone #: ___________________________ Parent/Guardian E-mail: _____________________________
Parent/Guardian Signature: __________________________ Date: ________________