

COPE: Counseling Outreach Peer Education

Andrews University Counseling & Testing Center

Membership Application

The mission of COPE is to promote wellness and raise awareness about mental health on campus. As part of the Counseling & Testing Center's Prevention & Wellness program, COPE trains students to become peer educators who promote the importance of emotional balance as a vital part of an individual's overall well-being.

Selection Process

- E-mail this document to cluis@andrews.edu OR turn-in at the CTC, Bell Hall, Room 123
- For paper applications, mark "Attention: Luis G. Cruz-Ortega, COPE Coordinator"
- Once we review an application and the candidate advances to the next step in the process, we'll schedule a 20 minute interview.
- There is a retreat each semester for training and team building. For the fall semester, it is scheduled for **Friday, September 27, 2013 @ 9:30am-12:30pm**. **New members must attend in order to be part of COPE!**
- COPE members will meet once per month (see website for dates). Members must attend to two meetings per semester. Also, COPE members should have flexibility in their schedules to conduct presentations and participate in awareness activities. Though most activities are during the day, some presentations may be during the evening.
- Students who are in their last semester at Andrews University are not encouraged to apply since a new member's first semester is focused on training.

Member Activities

Providing presentations, hosting wellness information tables, participating events to raise awareness about mental health and wellness (e.g., National Depression Screening Day).

Requirements

- GPA: 2.5
- Attend meetings, retreats, and trainings
- Provide one educational presentation per semester
- Attend one CTC-sponsored outreach / awareness raising event per semester
- Help market COPE and The Andrews University Counseling & Testing Center

Membership Benefits

- An opportunity to develop leadership skills, team work, and project management.
- A chance to have a real impact in their community - to raise awareness - on issues that matter.
- A way to enhance their knowledge about mental health and preventative interventions in a college campus.
- A nice addition to the member's resume or vitae with the potential of awards and recognition for leadership and outstanding service to the university.
- Increase knowledge of stress and time management, study skills, healthy relationships, and conflict resolution

Applicant Information

Full Name: _____

DOB: _____

Local Address:

Permanent Address:

Cell Phone: (____) _____

Email: _____

Major: _____

Year: _____ **GPA:** _____

Please answer the following questions:

1. What interests you about being a member of _____ ?

2. What skills and qualities do you possess that would contribute to _____ ?

3. What personal characteristics or attributes do you possess that would benefit _____ ?

4. Do you have any experience with peer education or providing presentations? If so, please describe your experiences.

5. Are you involved in any other organizations on campus? If so, which one(s)?

6. Are you an officer in any other organization on campus? If so, which one(s) and what does the office require in terms of duties and time commitments?

7. What benefits do you hope/anticipate to receive as a member of _____ ?

8. Is there anything else you would like to add?

Please mark times you are AVAILABLE for EQRG activities in Fall 2013, by clicking the corresponding boxes. Once you are trained as a presentation facilitator, the times provided below will be used to schedule you for presentations. Also, this will be used to help schedule your

*Are you able to meet on Wednesday from 3:30 to 4:30pm? Yes No

| | Monday | Tuesday | Wednesday | Thursday | Friday |
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How did you hear about EQRG? Were you referred by a Member?

Please sign the following:

I have read and agree to adhere to each of the member requirements listed in the EQRG Member Requirements (see above). Typing my name in the below field is an electronic equivalent of my signature.

Applicant Signature (or type name for electronic submission)

Date