



COUNSELING, HEALTH & WELLNESS CENTER  
 OVERLOOK SOUTH  
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 300 POMPTON ROAD · WAYNE, NEW JERSEY 07470-2103 · WWW.WPUNJ.EDU



PEER HEALTH ADVOCATE

## Peer Health Advocate Application Recommendation Form

This form is to be completed by any staff member, faculty or student holding a leadership role in a student organization of the WPUNJ campus community who can comment on the applicant's maturity, motivation, leadership potential, and disposition to perform in the Peer Health Advocate position.

To be completed by Applicant:

Name \_\_\_\_\_ 855# \_\_\_\_\_  
 Major \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
 Campus Address \_\_\_\_\_  
 Permanent Address \_\_\_\_\_

I waive my rights to view the completed recommendation form.

\_\_\_\_\_  
 Signature of Applicant

To be completed by Recommender:

Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
 Department/Student Organization \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
 Address \_\_\_\_\_

The Counseling, Health & Wellness Center (CHWC) is recruiting Peer Health Advocates to provide health related educational programming that enhances the personal wellness and increases healthy decision making of students on our campus. They function as prominent

leaders within the WPUNJ community, serving as resources, referral agents, educators, and role models for their peers. The ideal candidate is an individual who personally values living a healthy lifestyle, and is dedicated to promoting the physical and emotional well-being of students. A Peer Health Advocate is also an individual who is actively engaged and informed about health concerns that affect campus life, and can act as a liaison between CHWC and the WPUNJ student community. We would appreciate your candid evaluation of the applicant's potential as a CHWC Peer Health Advocate.

1. How long have you known the applicant and in what capacity?

2. Please share your assessment of the applicant in comparison to most WPUNJ students. For the following qualities, please check the rating that best reflects the applicant's performance.

	Exceeds Expectation	Meets Expectation	Needs Some Improvement	Needs Significant Improvement	Have no basis to assess
Reliability					
Timeliness					
Creativity					
Collaboration skills					
Initiative					
Enthusiasm/positive attitude					
Task/time management skills					
Presentation and writing skills					
Ability to handle feedback well					
Maturity					
Motivation					
A healthy balance in life					

Please comment further on any of the above qualities if necessary:

3. Please comment on the applicant's potential to be a leader and role model.

4. Is there any other information or comment you would like to make about this applicant not referenced above?

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this application to **Liz Amaya-Fernandez**, Wellness Coordinator at [amayafernandeze@wpunj.edu](mailto:amayafernandeze@wpunj.edu) or drop it off at the Counseling, Health & Wellness Center at Overlook South, D Floor, Reception Area*