

COMMUNITY HEALTH INITIATIVE
~ REPRESENTATIVE APPLICATION FORM ~

Please return application **as soon as possible** to:

Center for Wellness
Harvard University Health Services
75 Mt. Auburn Street, 2E
Cambridge, MA 02138

CONTACT INFORMATION

Name: _____ Email Address: _____

Campus
Address: _____ House: _____

Primary Phone: _____ Additional Phone: _____

INTEREST

Why are you interested in becoming a member of the Community Health Initiative?

What specific wellness/health topics interest you the most and what might you propose to address these issues?

What wellness/health topics do you feel are of the most interest to other students?

INVOLVEMENT

- Yes No Would you be able to commit to attending a **MANDATORY** CHI meeting once a week (average of 1 hour meeting time/1 hour outside meeting work which is seasonal and spread throughout the year ~ please note meetings will likely be virtual meetings, with in person meeting once a month, however, this has not yet been confirmed)?
- Yes No Will you be able to devote time and energy to your chosen committee (e.g. Policy and Administration, Programs and Promotions, Advocacy)?
- Yes No Would you feel comfortable talking with individuals about specific health issues?
- Yes No Would you feel comfortable sending emails to open lists and promoting programs?
- Yes No Would you feel comfortable providing health resource information for other students in your house?
- Yes No Would you be available to and feel comfortable filling the condom boxes in your house twice a month?

THANK YOU.

**WE WILL CONTACT YOU SOON REGARDING YOUR APPLICATION.
PLEASE EMAIL CWHC@UHS.HARVARD.EDU OR CALL 617.496.9005
IF YOU HAVE QUESTIONS OR NEED FURTHER INFORMATION.**