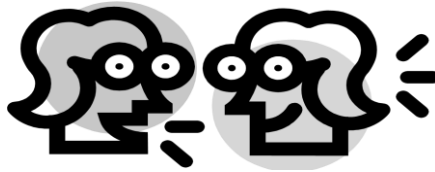


Students T.A.L.K. Peer Educator Membership Agreement



1. I agree to participate in the Students T.A.L.K. for a minimum of two semesters. During that time, and with Certified Peer Educator Training, I will be expected to be actively involved with presentations, awareness week programs, and trainings.
2. I understand that I am expected to attend weekly meetings. If I cannot attend a meeting, I will contact the Graduate Assistant, to inform her/him of my inability to attend the meeting. I understand that it is my responsibility to follow up with her/him for information from a missed meeting.
3. I agree to the following programming requirements: during my first semester of membership in Students T.A.L.K. to receive my peer educator certification, to participate in at least one presentation and two awareness tables, and each subsequent semester to participate in at least three presentations and two awareness tables.
4. I will participate in one community service project each semester.
5. I will abide by the WIU policies and procedures as outlined in the Student Handbook.
6. I understand that I am responsible for all of my actions and that I am a representative of the mission and standards of the Beu Health Center and Students T.A.L.K. at all times.
7. I will complete the required trainings to ensure that I am an informed and active Peer Educator.
8. I give my permission to the Students T.A.L.K advisor to access my midterm and semester grades in order to ensure that I am maintaining a minimum 2.0 GPA.
9. I will be open-minded and respectful of different ideas during meetings and presentations.

Signature: _____

Date: _____

Name (printed): _____

Rev. spring 2016