

SUNY Orange Peer Advisor Application

Date:	_ Semester: _			
Name:			_ A#	
Phone Number: ()		E-mail:	
Address:		City	State	Zip
Program:				
Please answer the f Advising@sunyoran	• .		•	nail to
1. Why do you peers?	want to be a P	eer Advisor? If yo	ou are chosen, wh	at can you offer your

2.	How do you define leadership? Please give an example of any leadership activities you have participated in.
2	Name 2 share staristics a good loader should peases and describe how would you use
3.	Name 3 characteristics a good leader should possess and describe how would you use those traits as a Peer Advisor?
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4.	What are your career goals? Where do you see yourself in 3 years? How do you think your work as a Peer Advisor connects to your career plans?
5.	Name three personal strengths and three areas you feel you could use improvement and why?

	6.	If you have any work experience, please list your previous employers (starting with most recent), job title, and a summary of your work responsibilities.
	7.	Name one or two of your instructors -whom you worked with in your previous semester(s) - whom we can contact to provide a recommendation about your work and qualities as a student.
1.	FAC	CULTY FULL NAME:
2.	FAC	CULTY FULL NAME: