

St. Thomas University

Student **H**ealth **A**dvisory **C**ouncil

Application Packet

Established Fall 2019

Check List

Please have all the items listed below when submitting your application

- ✓ Student Health Advisory Council Mission Statement
Acknowledgement
- ✓ Filled Application
- ✓ Signed agreement statement
- ✓ Copy of class schedule

Student Health Advisory Council Mission Statement

The mission of the Student Health Advisory Council henceforth known as SHAC, is to promote St. Thomas University's Student Health Center to raise awareness on numerous health topics while empowering students to be healthy, responsible, successful, and leaders for life. SHAC will create, organize, facilitate, and participate in health and wellness initiatives and campaigns on a campus-wide level. SHAC will serve as a liaison between the student health center's clinic and counseling services and the student body. SHAC strives to build partnerships inside and outside the community, promote bobcat health awareness, and inspire students to focus on their physical and mental well-being. SHAC is open to all St. Thomas University students who are committed to uphold our mission statement and contribute to health and wellness of students at St. Thomas University.

Please sign below to acknowledge that you have read, understood, and agree to the mission statement for SHAC.

Signature

Date

Application for SHAC

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____ Last Name _____

STU ID # _____ Phone Number _____

Shirt Size _____ Birthday (M/D) _____

STU E-mail: _____ Major/Minor: _____

Check which category that applies to you down below:

- Undergraduate Please list current year _____
 Graduate
 Law

Please check the box below;

- I acknowledge that I must have a cumulative grade point average (GPA) that is the school's minimum general academic acceptance in each semester in order to continue participating in St. Thomas University's Student Health Advisory Council. I authorize any current university Administrator or his/her designee to retrieve my grade point average (GPA) during each semester for the duration of my involvement as a Student Health Advisory Council member.

What is your expect graduation date *(if applicable)* _____

Example: Spring 2020

Do you have work study? Yes ___ No ___

If yes, please list where including the days and times?

Do you live on campus? Yes ___ No ___

Have you ever been on probation for any reason with the school? Yes ___ No ___

Do you work off campus? Yes ___ No ___

If yes, what are your days/ hours available?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Hours Available: from _____ to _____

Please attach a copy of your current class schedule.

Have you ever joined a club/organization at St. Thomas University? Yes____ No____

If yes, please list the name of the Club/Organization

Have you ever been an officer in any Club/Organization at STU?

Yes:_____ **Title:**_____

Areas of Interest (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Becoming a member of the executive board (if so, what position) |
| <input type="checkbox"/> Awareness Campaigns | <input type="checkbox"/> Other:_____ |
| <input type="checkbox"/> Physical Wellness | |
| <input type="checkbox"/> Promoting events | |
| <input type="checkbox"/> Leading an event | |

Agreement Statement

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for denial or for immediate removal of membership of the **Student Health Advisory Council**. I acknowledge the Director of Student Health can approve or deny my membership at any given time. I agree to read the constitution of SHAC and uphold all requirements to be a member in good standing. I also acknowledge that being a part of the Student Health Advisory Council is on a voluntary basis only and will I not receive any financial compensation from St. Thomas University.

I authorize the verification of any or all information listed above.

Signature:_____ **Date:**_____

Contact

If you have any questions or concerns please contact the Director of Student Health- Maria Bedoya-Garavito . At mgaravito@stu.edu or (305) 628-6695

St. Thomas University
16401 NW 37th Avenue
Miami Gardens, Florida 33056
Student Affairs