

University Of South Alabama
Student Health Advisory Committee (S.H.A.C)
Application for Membership.

Mission of SHAC

The Student Health Advisory Committee shall serve in an advisory capacity to students and staff of the Student Health Center. The mission of the SHAC is to serve as a liaison between students and staff, educate students about the services provided at the SHC, and represent student concerns to the SHC staff and administration.

Please fill this form, print the same and return it to the Student Health Center. If you have any questions, please feel free to call **Brenda Glusman**, Health Education Specialist at (251) 460-6353, or **Donna Williams**, Word Processing Specialist at (251) 460-6992.
 Thank you for your time and interest.

Name: _____ ID#: _____ DOB: _____

Major / Minor: _____ # Of Years at USA: _____ Class: _____

GPA: _____ # Of hours this Semester: _____

Current Address: _____ Permanent Address: _____

Phone: _____ Phone: _____

E-mail: _____ Cell / Pager: _____

Campus Activities:

Name Of Organization.	# Of Semesters Involved.	Offices Held.	Sponsor or President.

Present Employment:

Place Of Employment	Position(s) Held	Contact Name and #

How did you hear about the SHAC? (Circle one)

Member Flier / banner Friend Function / Fair Other_____

Why are you interested in being a member?

What Experiences and personal qualities do you possess that will be beneficial in your role as a member of SHAC?

What are the specific Health and Wellness issues that interest you?

I affirm all the information provided here by me is accurate. USA has my permission to verify information contained within as necessary. I realize if chosen as a member of the Student health Advisory Committee, Considerable time and responsibility will be expected of me, and I submit this application under that direction.

Signature

Date