

SAB

Student Advisory Board

Application 2008

Name: _____ Class year: _____

Address at KSC: _____

Email address: _____ Phone: _____

What is the best way to reach you (phone, email, snail mail): _____

Can you make a one-year commitment to the program? ___Yes ___No
(Commitment includes monthly meetings as well as occasional additional activities).
If not, please explain.

What other non-academic activities are you involved with? (e.g., work, clubs, organizations)

On a separate sheet of paper (or on the back), please answer these questions:

1. Why do you believe you would be an effective advisory board member?
2. Why do you want to be part of this program? What about it excites or attracts you?
3. What might be a challenge for you?
4. Please give at least one reference either professional or academic.

*(Note: Once we receive your application, we will call you to set up an interview.
Meetings are held monthly, time and date to be determined).*

**Please return this application ASAP to the
Student Counseling Center or Health Services,
Elliot Hall 3rd Floor.**

Call if you have questions: SAB co-advisor's Beth at 358-2433 or Deb at 358- 2449.

**The Student Advisory Board
for
Student Counseling Center
and the
Center for Health & Wellness
meets once a month
and provides input into the
planning, implementation and evaluation
of the
Counseling and Health Centers**



**The Student Advisory Board
welcomes
new members.**

**If interested please e-mail
Deb Coltey at dcoltey@keene.edu
or
Beth Mundahl at bmundahl@keene.edu**