

# BSU ALCOHOL, TOBACCO AND OTHER DRUG PREVENTION CENTER (ATOD)



**SUBSTANCE ABUSE AND HIV/AIDS PEER EDUCATOR  
APPLICATION  
ATOD PREVENTION CENTER**

<b>Name</b>	
<b>Year in School</b>	
<b>Age</b>	
<b>Major</b>	
<b>Address (Permanent)</b>	
<b>Address Campus)</b>	
<b>Telephone (Campus)</b>	
<b>(Cell)</b>	
<b>Email Address</b>	

**Briefly state in 3-4 sentences why you want to become a Substance Abuse, HIV/AIDS Peer Educator.**

**Briefly express why you think there is a need for HIV/AIDS prevention education at Bowie State University.**

**Briefly express why you think there is a need for a Substance Abuse prevention education at Bowie State University.**

**ATOD is always interested in new program ideas. Please share with us at least one program or activity/event you would like to see implemented on this campus.**