

HEALTH ADVOCATE APPLICATION FORM
APPLICATIONS MUST BE RETURNED BY Thursday, May 28 at 5:00 PM!

PLEASE RETURN THE FORM VIA EMAIL ONLY
NO HAND WRITTEN APPLICATIONS WILL ACCEPTED

Send to mstapf@caltech.edu

Name: _____ Date: _____

Permanent Address: _____ E-mail(s): _____

Campus MSC: _____ Phone(s): _____

House: _____ Any other House affiliation: _____

Expected Graduation Date: _____ Current Class: frosh or soph
(Not open to incoming frosh or seniors.)

Option: _____ On Off campus housing for fall of 2020?
And where? _____

PLEASE FEEL FREE TO INCLUDE ADDITIONAL PAGES FOR THE FOLLOWING SECTION

1. Why do you want to be a Health Advocate?
2. Have you had any problems with time management or academics?
3. How did you hear about the program?
4. What personality traits do you have that you feel would make you a good Health Advocate?
5. What experience, if any, have you had in the health care field, counseling?
6. What extra-curricular activities will you be involved with next school year (sports, House Officer, clubs, job, etc.)? How many hours/week?
7. What are your plans for the future?
8. Please attach two letters of recommendation. They must be submitted separately directly by the author, via regular Campus mail or email (preferred method). **One must be from an RA or RLC, no exceptions.** Other good sources are people who are familiar with your interpersonal skills, such as House Officers, current Health Advocates or another RA, etc.