



# Get S.M.A.R.T.

## Become a Peer Health Leader

Are You Eligible?

- Must be ages 18-24
- Attend Morgan State University or live in the Morgan Community Mile (MCM)
- Desire to improve health outcomes among your peers



### Get S.M.A.R.T.

(Students/Society Mobilized and Retooled to Transform)

- Provide prevention education about HIV, STD's and Substance Abuse to your peers
- Receive up to \$200.00 for your participation



For More Information Please Contact ►►

Morgan State University  
School of Community Health & Policy  
1700 E. Cold Spring Lane  
Baltimore MD, 21251

Dr. Lorece Edwards  
443-885-3655  
Lorece.Edwards@morgan.edu



## Peer Health Leader Overview

The **Get S.M.A.R.T. (Students/Society Mobilized and Retooled to Transform) Project** is a peer led prevention/ intervention program designed to prevent and reduce substance abuse and the transmission of HIV/AIDS among emerging adults by providing them with prevention education and tools to make more informed health decisions.

Emerging adults (18-24) interested in becoming peer health leaders will be required to complete the following tasks:

1. Complete Get S.M.A.R.T. project application and return to the recruiting organization or the Get S.M.A.R.T. project coordinator by July 3, 2014. *(Contact information is provided below)*
2. Attend two training sessions (substance abuse and HIV/AIDS prevention). These sessions will prepare peer health leaders to share and disseminate health information within their social networks. Peer health leaders attending these training sessions will receive an incentive of **\$50.00\*** upon completing training. *(Both training sessions will be held on the same day)*
3. Recruit other emerging adults from within their social network to become peer health leaders. Peer health leaders will receive an incentive of \$10.00 for each emerging adult that they recruit, up to 10, for a total additional incentive of **\$100.00\***. *(Incentive will be provided for each new recruit that completes training)*
4. Discuss HIV/AIDS and substance abuse information with peers (18-24) in their social network. Share health information with peers during at least two outreach activities/events and complete activity forms for the Get S.M.A.R.T. Project. An incentive of \$25.00 will be given for up to two (2) outreach events for a total additional incentive of **\$50.00\***. The incentive will be provided when the outreach activity forms are returned to the Get S.M.A.R.T. Project. *(Additional details and activity forms will be provided)*

***\*Emerging Adults can receive up to \$200.00 in incentive by becoming a Get S.M.A.R.T. Peer Health Leader\****

If you would like more information please contact Sabriya Dennis, Get S.M.A.R.T. Project Coordinator at [sastu1@morgan.edu](mailto:sastu1@morgan.edu) or 443-885-3133 or Dr. Lorece Edwards, Get S.M.A.R.T. Principal Investigator at [lorece.edwards@morgan.edu](mailto:lorece.edwards@morgan.edu) or 443-885-3655.

### **Applications can be mailed to:**

Dr. Lorece Edwards  
Morgan State University  
School of Community Health & Policy  
1700 E. Cold Spring Lane  
Baltimore Maryland 21251



## Peer Health Leader Application

Date \_\_\_\_\_

Name \_\_\_\_\_  
                     First                      Middle                      Last

**Current Address**

\_\_\_\_\_

\_\_\_\_\_

**Permanent Address**

\_\_\_\_\_

\_\_\_\_\_

**Current Phone** \_\_\_\_\_ cell \_\_\_\_\_ home

**E-Mail Address** \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_                      Please Circle: Male / Female

**Education Information**

Circle your present year in school: High School 3 4 College 1 2 3 4 Graduate 1 2 3

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received
<b>High School</b>			Yes [ ] No [ ]	
<b>College</b>			Yes [ ] No [ ]	
<b>Other</b>			Yes [ ] No [ ]	



**Employment/Volunteer History (If Applicable)**

List all work/volunteer experience beginning with your **current or most recent position.**

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address(Street, Address City, State, Zip) \_\_\_\_\_  
Name & Title of Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Description of Responsibilities \_\_\_\_\_

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Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address(Street, Address City, State, Zip) \_\_\_\_\_  
Name & Title of Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Description of Responsibilities \_\_\_\_\_

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Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Address(Street, Address City, State, Zip) \_\_\_\_\_  
Name & Title of Immediate Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Your Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
Description of Responsibilities \_\_\_\_\_

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May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact.

\_\_\_\_\_  
\_\_\_\_\_

**On the lines provided below, please tell us why you would like to become be a peer health leader:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Personal References**

List three individuals able to give character references. You should include *current/former employers, volunteer agencies or school administrators*, but not your relatives.

Name \_\_\_\_\_ E-mail/ Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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Name \_\_\_\_\_ E-mail/Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

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Name \_\_\_\_\_ E-mail/Phone \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Statement of Purpose**

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of the Get S.M.A.R.T. Project, disqualify me from participation, or cause my dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_