

SHAC

Student Health Advisory Council



Students & Staff Healing PVAMU Together



Membership Interest Form

Name: _____

Email: _____

Cellphone Number: _____

Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Student

Campus: ___ Main Campus ___ Northwest Campus ___ Nursing Campus

Major: _____

Organization Membership(s): _____

Have you visited Medical Services: **this semester?** Y/N **last semester?** Y/N **last year?** Y/N

Why are you interested in joining SHAC?

Rank your interest in participating in the committees (1st – 4th):

____ Executive _____ Marketing
____ Programming _____ Advocacy

I understand that as a member of SHAC I will be expected to complete a minimum of 30 volunteer hours each semester and be an active member of at least one committee.

Signature

Date