Extended Opportunity Programs and Services (EOPS) Cooperative Agencies Resources for Education (CARE)

2021 Peer Navigator Program

1100 N. Grand Ave. Building 9B 1st Floor Walnut, CA 91789 Phone: (909) 637-2506 Email: eops@mtsac.edu



Thank you for your interest in the EOPS/CARE Peer Navigator Program! Please complete this application and submit it along with your resume by 5:00 p.m. on Friday, January 22, 2021 by email to Alex Brambila at abrambila5@mtsac.edu

Personal Information	n				
Full Name:		Student ID:		Mt. SAC Email:	
Street Address:		City:		Zip Code:	
Preferred Phone Number:		Shirt Size:		Are you in EOPS?	
Academic Information	on				
Major:		Cumulative GPA:		Expected Graduation Date:	
Spring 2021 – Units Enrolled:		Units Completed at Mt. SAC:		What other Programs are you a participant in?	
Availability Will you be able to atte am -12:00 pm?	YES NO	O	the last Frida	ys of every r	nonth from 10:00
Professional References (Please provide two) Name Title Email Address Phone Nur					Phone Number
Name	Title		Email Addi	ess	rnone Number

Please submit the following with your application:

1. Resume: Please list employment experience, extracurricular involvement, special interests, or leadership experience.

Application Verification:

I hereby give permission to the Mt. SAC EOPS/CARE office staff members to verify my cumulative grade point average and to solicit any other pertinent information about my application. I wish to apply for a Peer Navigator position for the Mt. SAC EOPS/CARE Program and certify that all of the information on this application is true to the best of my knowledge. I understand that if selected, I will have to meet the conditions of employment for Mt. SAC.

Signature:	Date:		
	**** For Office Use ****		
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