

# 2024-2025 W2BW National Student Advisory Council

The survey will take approximately 9 minutes to complete.

Before completing this application, please look at the preview on our website under the 'Get Involved' tab then under the "Join NSAC" tab and be prepared to answer all questions in one setting. Please allow yourself to have at least 30-40 minutes for Section 1 and 2. Remember to turn in your Section 3 supporting material document via email at [support@work2bewell.org](mailto:support@work2bewell.org).

\* Required

## Student Information

1. Applicants must be 14 years or older to apply. Please confirm: \*

Yes, I am 14 or older.

2. Student's First Name: \*

Enter your answer

3. Student's Last Name: \*

Enter your answer

4. Preferred Name:

Enter your answer

5. Can you share with us what pronouns you use?:

Enter your answer

6. School (Fall of 2024): \*

Enter your answer

7. Fall of 2024 - I'll be a: \*

Freshman

Sophomore

Junior

Senior

8. City & State: \*

Enter your answer

9. Student Phone Number: \*

Enter your answer

10. Your Email (That you check frequently) : \*

Enter your answer

11. I am a... \*

returning council member

new applicant

12. Does your school currently partner with Work2BeWell? If no, does your school have a mental health program or club? \*

Enter your answer

13. If you were to choose your #1 choice for a NSAC team which pillar would you choose? (Please review team information on [Work2BeWell.org](https://www.work2bewell.org)) \*

Access

Education

Activation

14. If you were to choose your #2 choice for a NSAC team which pillar would you choose? (Please review team information on [Work2BeWell.org](https://www.work2bewell.org)) \*

Access

Education

Activation

15. Would you have interest in being a team lead or co-lead? \*

Yes

No

Yes, in one year after I gain more W2BW experience

16. Is there any additional information that you would want to share with us to help with our selection process?

Enter your answer

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## 2024-2025 W2BW National Student Advisory Council

\* Required

### Adult & Student References

We may contact your references.

17. Adult Reference Name: \*

Enter your answer

18. Relationship to applicant: \*

Enter your answer

19. Email: \*

Enter your answer

20. Phone: \*

Enter your answer

21. [OPTIONAL] Student Reference Name:

Enter your answer

22. [OPTIONAL] Relationship to applicant:

Enter your answer

23. [OPTIONAL] Email:

Enter your answer

24. [OPTIONAL] Phone:

Enter your answer

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## 2024-2025 W2BW National Student Advisory Council

\* Required

## Required Support Material - email your document to [support@work2bewell.org](mailto:support@work2bewell.org)

Please copy the questions below into a word document. Answer each of the following questions and email directly to [support@work2bewell.org](mailto:support@work2bewell.org). Title your document "LASTNAME\_STATE\_YEAR." For example, Hadley\_WA\_2024.

ALL Applicants –

- What previous leadership experience has prepared you for this National Council?
- Describe how you plan to participate as a member of NSAC this year? And what ideas do you have for increasing mental health resources and advocacy?
- How will W2BW NSAC fit into your schedule this year?
- Why are you interested in the topic of mental health?
- What JEDI/DEI (Diversity, Justice, Equity, Inclusion) lens would you bring to the council?

Returning student advisory council members –

- Why would you like to continue to participate in W2BW?
- Describe your involvement in the past year(s).

New applicants -

- How did you learn about W2BW NSAC?

25. I have made a copy of the information above and understand my responsibility to send a Word doc with my answers to [support@work2bewell.org](mailto:support@work2bewell.org) to complete my application. \*

Yes--I will send my document!

I have read and understand the Work2BeWell's NSAC expectations.

You can print a copy of your answer after you submit

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