

# Quit Coach Application Form

**Directions:** Please read the Quit Coach Program Description sheet. Complete the form below to enroll in the program and fax to the School of Pharmacy at 716-645-5494 Attention: Quit Coach Application. You will be contacted by your Quit Coach to arrange your first Quit Coach session in 7-10 days. If you have any questions, please contact Sharlynn Daun-Barnett at [sd62@buffalo.edu](mailto:sd62@buffalo.edu) or 716-645-2837 x5.

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

\_\_\_\_\_  
 Address City, NY Zip Code

**About You...**

**Gender:**  Female  Male  Transgender  
**Campus Affiliation:**  Student  Staff  Faculty  
**Ethnic Group:**  White, non-Hispanic (includes Middle Eastern)  Black, non-Hispanic  
 (please check  Hispanic or Latino/a  Asian or Pacific Islander  
 all that apply)  American Indian, Alaskan Native, Native Hawaiian  Biracial or Multiracial  
 Other (please specify) \_\_\_\_\_

**STUDENTS ONLY:** **Academic Level**  Fresh  Soph  Jr  Sr  Grad  Non-matriculated  
**Student Status**  International Student  U.S. Citizen/Domestic Student  
**Place of Residence**  On Campus  Off Campus  
**Age** \_\_\_\_\_ Years Old

**How did you hear about this program?** (Please circle all responses that apply)  
 Flyer/brochure  UBreathe Free website  Classroom presentation/workshop  UB Faculty/Staff  Friend/Co-worker  
 Other (please list \_\_\_\_\_)

**Information for Quit Coach Program... please circle your preference where options are given**

Email Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Is preferred phone number home/work/cell/other (please list \_\_\_\_\_)

Best time to reach: morning/afternoon/evening/other (please list \_\_\_\_\_)

Other Contact Information: \_\_\_\_\_

Permission to text: Yes OR No (If yes, list any limitations \_\_\_\_\_)

Quit Coach Sessions Preference: by phone OR in-person

Preference for Quit Coach: Male/Female/No Preference

Language preference for Quit Coaching: \_\_\_\_\_ (will try to match if Quit Coach is able)

**Quit Coach Program Agreement**

- I agree to be contacted by my Quit Coach during the five key times stated in the Quit Coach Program Description.
- I agree to be on-time and reschedule my appointments within 24-hours (if possible) if I will not be available.
- I will contact my Quit Coach by the agreed upon means (i.e. phone, email, text) and times of day.
- I agree to be upfront with my Quit Coach if there are changes in my Quit Plan or if the program is not working well for me. (I know that I can end the program at any time by contacting my Quit Coach.)

Printed \_\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



The University at Buffalo Quit Coach Program is co-sponsored by Wellness Education Services and the School of Pharmacy.

