

# NormanAid Peer Counselor Application

*Please turn in to Mrs. Norman-Franks (V33) by May 3, 2019*

Student's Name: \_\_\_\_\_ Guidance Counselor: \_\_\_\_\_

Student's Cell Phone or Home Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

**Grade you are in CURRENTLY:**    10<sup>th</sup>    11<sup>th</sup>

Do you have room in your schedule for Peer Counseling?    Yes    No

Please take a moment to tell us about yourself by answering the following questions as thoughtfully as you can.

1) Why do you want to help in the NormanAid

2) Have you ever met with a counselor in the NormanAid?    Yes    No

3) Have you participated in a MonthAid Activity?

If so, which one and what did you liked about it?

4) What traits do you possess that would make you a helpful peer counselor?

5) Do you have any experience (be it personal, volunteer, or employment) that might relate to helping others? Demonstrate responsibility?

6) Would you be available to help during lunch at least once a month?  Yes  No

7) Are you comfortable speaking in front of a large group of audience?  Yes  No

8) Please provide the names of 2 teachers that I can contact for a reference.

9) If you are chosen to be a Peer Counselor, there is a mandatory meeting on May 17th at lunch.  
Would you be available to meet?  Yes  No

Is there anything else you would like us to know about you? \_\_\_\_\_

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**OFFICE USE ONLY:**

Guidance Counselor Comments:

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Teacher Comments:

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Teacher Comments:

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