

# PEER COUNSELLOR APPLICATION FORM

**NAME:** \_\_\_\_\_

- Have you taken the Grade 10 Peer Counselling course? \_\_\_\_\_
- Did you take any leadership courses in Middle School? \_\_\_\_\_
- If yes, who was your teacher? \_\_\_\_\_
- What makes you think you would be a good Peer Counsellor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you feel that you are capable to counsel others? (Emotionally stable enough?) \_\_\_\_\_
- What skills do you have that would make you a good Peer Counsellor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Are you able to show initiative without being told what to do? (ex: seeing that someone needs some help and taking action) Give an example of when you might have done this:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Print the name of a teacher who would recommend you to become a Peer Counsellor and have them sign here\*\*\***

Teacher Name: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_