

**LA COSTA CANYON HIGH SCHOOL
2017-2018 PEER COUNSELING APPLICATION**

Peer Counseling is a program new to LCC as of the Spring semester of the 2017-2018 school year. Its central mission is to provide free, confidential, one-on-one support between students. The program will be led as a collaborative effort between selected staff members and LCC school counselors. For this application session, only juniors and seniors will be considered for a spot on the peer counseling team. As a selective program, all prospective peer counselors must:

1. *turn in the **complete application** - with **(1) this application form, (2) a copy of your high school transcript, and (3) a teacher Letter of Recommendation form**, no later than **Friday, October 13th, 2017 during lunch to Ms. Eichlin's room (room 341)***
2. *be able to attend **all three of the Saturday morning trainings for the entire duration of the meeting**. Makeup training sessions will occur after the three initial trainings, with the dates and times for those TBA.*
3. *commit themselves to the highest standard of leadership and confidentiality, **both on and off of campus**, in order to be considered for this program*

There are only a handful of slots available; please make sure that you fill out this application to the best of your ability in order to be considered for a slot as a peer counselor. Thank you for your interest, and we hope to have you on our team!

-
Name: _____ ID#: _____ Grade: _____

Student's Personal Email: _____

Student Cell Phone: _____

STUDENT: Do we have permission to contact you via email and/or phone in regards to Peer Counseling information? (circle one) yes no

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____

Home Phone or Parent/Guardian Work Phone: _____

Parent/Guardian Email: _____

PARENT: Do we have permission to contact you via email and/or phone in regards to Peer Counseling information? (circle one) yes no

Current class schedule:

	Class	Teacher	Room Number
1st Period			
2nd Period			
3rd Period			
4th Period			
5th Period			
6th Period			
7th Period			

Current Overall GPA (weighted): _____

Please list your **in-school** sports, clubs, and extracurriculars (if any) that you are a part of:

Please list your **outside of school** sports, clubs, and extracurriculars (if any) that you are a part of:

Do you currently work or volunteer on a weekly basis? (Circle one): yes no

- if yes, please list and briefly describe below:

Personal insight questions:

1. How do you contribute to helping others?

2. What do you consider to be your greatest strengths that will be valuable in the Peer Counseling Program?

3. Who do you go to for support when you need to talk about personal situations? Identify at least three characteristics about this person that makes him or her easy to talk with.

4. What motivates you to apply to the Peer Counseling program?

5. What leadership experiences have you had, or what leadership programs are you currently involved in?

6. In what ways do you feel you will benefit from the Peer Counseling program?

By completing and submitting this application, I verify that I am dedicated to assisting those in my fellow LCC community, and I am willing to sacrifice part of my time in participation of this highly beneficial program.

Signature: _____

Date: _____

By having my child complete and submit this application, I verify that he or she would be a great fit for the Peer Counseling program. He/she is dedicated to assisting those in his/her LCC

community, and my child is willing to sacrifice part of his/her time in participation of this highly beneficial program.

Parent signature: _____

Date: _____