

PALS [PEER ASSISTANT LEADERS] APPLICATION FORM

Student Name:

Grade:

School Email:

School Counselor:

T-shirt size: S, M, L, XL

Hour	Class	Teacher
1st		
2nd		
Seminar		
3rd		
4th		
5th		
6th		

Please complete the following questions with as much detail as possible.

1.) What are the reasons **YOU** want to be a PAL peer helper?

2.) What **SCHOOL** activities, clubs, sports, ect., are you involved in?

3.) What characteristics do you think a person should have to be a PAL peer helper?

4.) What personal problems/experiences have you worked through that would be beneficial as a PAL peer helper?

5.) Write five words that you feel best describe your personality:

- 1.
- 2.
- 3.
- 4.
- 5.

Two staff recommendations are required with your application. Once I receive and review the two teacher recommendation forms and your application, you may be invited for a personal interview for the program. Your application status will be sent to your school email. Please submit your application and two teacher recommendations to Mrs. Esterline in room 139.