Serrano Peer Leaders Application

Name: **Current Grade:** **Date:**

Students who would like to be in the Peer Leader class/program next school year should put it on their CRC and turn in this completed application in paper copy form. The application needs to be returned to rm. 401 or the counseling office by Friday, March 15, 2024. Applicants who qualify based on positive attendance, grades, and discipline checks will be asked to participate in a short interview before being awarded a spot in the class. Thank you for your interest in this important program that provides for community building circles, one on one listening sessions, peer mediation, Synergy events, mental health awareness, cultural acceptance campaigns, and kindness on campus! Please answer honestly.

1. Why do you want to be a Peer Leader and what do you hope to gain from this experience?

2. Have you ever participated in a community building/classroom circle in the past and if so, how did you feel about participating in them? What did you learn?

3. How do you feel that Peer Leaders could help address diversity issues and awareness at Serrano?

4. How do you feel that Peer Leaders could help address mental health issues and awareness at Serrano?

5. Have you attended a Synergy event at Serrano and if so, what was your experience like?

6. Peer Leader activities sometimes require that you speak in front of both small and large groups or support individuals regarding sensitive topics such as peer pressure, family, race, gender, sexuality, and mental health issues. Do you think that you would be comfortable in these situations? Why or why not?

7. In no more than 500 words—please explain how you think the Peer Leader program could or does improve Serrano. Please also include how your personal qualities will enhance the program.

Peer Leader Program Commitment Contract

I, _____ , promise to try to uphold the standards of a Peer Leader. I understand that my influence as a Peer Leader is of great importance and that I must make a continuing effort to be an appropriate example in order to help others become the best that they can be. The following list contains the standards that I am committed to upholding as a Peer Leader.

1. Keep the rule of confidentiality.

2. Not use any non-prescribed drugs, alcohol, vaping or tobacco products.

3. Maintain a minimum 2.0 GPA and be in good standing at Serrano High School.

4. Follow all school rules, including positive attendance. If I break school rules or have excessive unexcused tardies or absences, I understand that I may be removed from the Peer Leader class so that I can focus on my academic success.

5. Respect others and their property.

6. Show care and concern for all individuals regardless of race, ethnicity, religion, sexuality, or social status.

7. Conduct oneself in a manner that will influence peers positively in social situations **both on and off campus and on social media**. Should one present as a negative influence in person or on social media through the use of foul, sexist, or racist language, or participate in bullying, it may be grounds for excusal from the Peer Leader program.

8. Continually strive to grow as a person as well as contribute to the goals of the Peer Leader program.

9. Make a conscious effort to improve one's relationships with others (family, peers, and teachers).

10. Carry out Peer Leader duties at the highest level of one's abilities and potential.

11. Never maintain a superior attitude because of Peer Leader status such as being tardy to class.

I, the student, understand that if I knowingly break one of these standards or fail to show a sincere effort to be a good role model and influence on my peers, I may be dismissed from the Peer Leader program. By typing or writing my name in the space provided, I acknowledge this contract.

Student Name:	**Date:**

I, the parent/guardian, understand that if my student knowingly breaks one of these standards or fails to show a sincere effort to be a good role model and influence on their peers, they may be dismissed from the Peer Leader program. By typing my name in the space provided, I acknowledge this contract.

Parent/Guardian Name:	**Date:**

Peer Leader Program Parent Agreement

Dear Parent or Guardian,

Your student has expressed an interest in participating in the Peer Leader program at Serrano High School, which is essentially taking on the training and role of a peer counselor. This involves enrolling in Peer Leaders which is a yearlong elective course that allows students to educate and support their peers regarding issues that face today's adolescents. This may include but is not limited to multicultural challenges, human relations, societal pressures, and family dynamics. Peer Leaders will be trained to facilitate Synergy, group presentations, conflict mediation, restorative circles, one on one support and school wide events. Peer Leaders participate in community service on and off campus when possible as well.

The skills taught in this program include active listening, effective communication, decision making, conflict mediation, restorative practices, and one on one peer assistance. In addition, they may receive training in dealing with sensitive issues that affect youth, such as self-harming behaviors, bullying, drug use, anxiety, depression, and other mental health topics. By giving permission for your student to participate in this program, you are stating your consent to this training curriculum which deals with sensitive topics.

We are looking for students who are passionate about helping others and are willing to work hard to make a positive difference in our school and community. If you have any questions or concerns, please feel free to address them to Carrie_Walczynski@snowlineschools.com. ☺

Sincerely,

Lesley Carver
Counselor/Advisor

Carrie Walczynski
Teacher/Advisor

I give consent for my student to participate in the Peer Leader program and class at Serrano High School should they be chosen.

Parent Name:	**Date:**

Peer Leader Confidential Teacher Recommendation

Student: Please fill out the top part on the forms and give one to each of your 6 teachers.

Student Name _____

Teacher Name _____ Course_____

Teacher: Please rate the student on the following qualities and return the form to Carrie Walczynski's box, the counseling office or rm. 401 by Friday, March 1, 2024. Thank you for your assistance!

Current Grade	A	B	C	D	F
	Needs Improvement				Excellent
Attitude towards peers	1	2	3	4	5
Attitude towards adults	1	2	3	4	5
Leadership potential	1	2	3	4	5
Communication skills	1	2	3	4	5
Good role model	1	2	3	4	5
Dependability	1	2	3	4	5

_____ Highly recommend

_____ I recommend this student with reservations (please explain)

_____ I do not recommend this student (please explain)

Comments:

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