

Peer Liaison Shadow Application

Applicant Name: _____

1) Reason for wanting to become a Peer Liaison Shadow: ***(Select all that apply)***

- To eventually become a Peer Liaison or LLC Member
- To help give tours to new learners/staff
- To improve my resume or college applications
- To work toward my Graduation Service Requirements
- To make myself, my family, or someone I look up to proud

2) My qualifications for the position: ***(Select your Strengths)***

Self Aware	Growth Mindset	Mindful Goal Setter	Self Advocate
Curious	Resilient	Adaptive	Innovative Design Thinker
Socially Aware	Skillful Collaborator	Effective Communicator	Inclusive Relationship Builder
Takes Initiative	Service Oriented	Community Advocate	Models Integrity

3) Practices I am hoping to grow through the position: ***(Select your Areas for Growth Focus)***

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Curious	Resilient	Adaptive	Innovative Design Thinker
Socially Aware	Skillful Collaborator	Effective Communicator	Inclusive Relationship Builder
Takes Initiative	Service Oriented	Community Advocate	Models Integrity

If my application is accepted, I understand that I will need to sign a contract indicating that I understand the expectations of the position:

Sign acknowledgement here: _____ Date: _____