

**Peers 4 Peers
Re-Application**

- Please print
- Please return completed application to the Principal's/Co-curricular Office by May 12, 2014

Name _____ Age _____

Address/City/Zip Code _____

Cell Phone # _____ Home Phone # _____

School Email _____ Summer Email _____

Grade Next Year _____ Grade Point Average _____

When are you available for a 10 minute interview? ___Before school ___Resource ___After School

If you are a senior, are you planning an early graduation upon completion of 1st Semester? ___Yes ___No

How do you personally feel about the effectiveness of the PEERS 4 PEERS program at your school?

How do you feel that you as an individual contributed to the success of the program

What was the most difficult part of being a PEER?

What was the most rewarding part of being a PEER?

What do you see as your responsibility with the new PEERS next year?

What suggestion(s) do you have to make the PEERS program more effective?

What have you learned/benefitted from as a result of being a PEER?

What academic or extra-curricular activities will you be involved in next year?

Peers 4 Peers members must agree to attend mandatory training days throughout the year. During the summer there will be one county-wide training date and one HUHS only date. In addition there will be two county-wide training dates during the school year. The county trainings include Peers from other schools. The summer dates for HUHS are:

_____ County-wide training at UWWC, Thursday, July 17th, 7:30 a.m. - 4:30 p.m.

_____ HUHS only Peer training, date to be determined. This will likely take place in August.

In addition, it is requested that all Peers volunteer for Elevate's (formerly the Council on AODA) fundraiser.

_____ Triathlon, Saturday August 23th. AM

Please check your family calendar for all the above dates. If you have any conflicts, please note them on this sheet and discuss them during your interview.

My son/daughter has discussed his/her desire to become a member of the PEERS 4 PEERS program, a collaboration between the local public high schools and Elevate (formally The Council on Alcohol and Other Drug Abuse of Washington County). My son/daughter does not use alcohol, tobacco or any other drugs. I understand and have discussed with my son/daughter that attendance at all training dates, including 2 days of excused absences from school for seminars, is mandatory. I fully support his/her application for membership consideration and will support the outcome of this selective process. Peers 4 Peers selects a limited number of members. Not everyone who applies can be accepted. Please understand that even qualified youth may sometimes not be selected.

Parent/Legal Guardian's Signature

Student's Signature