



LORD BYNG SECONDARY SCHOOL

3939 West 16th Avenue
Vancouver, BC V6R 3C9
Telephone: 604-713-8171 *Fax: 604-713-8170

Peer Counselling Application

(Grade 11s only)

Name: _____ Student Number: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date: _____

Mandatory Program Requirements:

- **PC Training Camp Dates: (Thurs Sept 19 – Sunday Sept 22)**
- **Cost for food, lodging, and transportation: (dates TBA)**
- **Participation in Grade 8 Camp (dates TBA)**
- **Grade 8 block placement and regular bimonthly lunchtime meetings**
- **This is a 4 credit course and counts for Honour roll**

Please answer the following questions:

1. Languages spoken: _____

2. Volunteer and/or work experience: _____

3. What are your reasons for wishing to become a Peer Counsellor? _____

4. What do you think are the roles and duties of a Peer Counsellor at this school? _____

5. Teachers in the school tend to have greater expectations from Peer Counsellors than from most other students. What do you think these expectations might be? _____

6. Peer Counsellors are seen as role models by many younger students, even when they are not “on the job”. Describe yourself in terms of being a role model for other students. _____

7. What makes you unique compared to other PC candidates and how could this uniqueness benefit the PC group or the Grade 8s? _____

8. Describe your family in terms of who is who, where you fit into the family, and what have you learned about yourself and about life from living in your family.

Name:	Relationships: (Mom, Dad, sister, etc.)	Learnings:

9. Who are three of your friends and what is their role in your life? What, if anything, have you gained and learned from these relationships?

Name:	Role:	Learnings:

10. Which LB staff member knows you best? _____

11. If you could make LB into a better place, what change(s) do you see as most needed? _____

Interviewers will check: Attendance & Report Cards

All applications are due on Wednesday, April 4 by 3:00 pm and must be submitted to your counsellor.

*** NO LATE APPLICATIONS WILL BE ACCEPTED!!!**

TEACHER RECOMMENDATION: (Please give this sheet to a teacher that you feel would be able to give you a strong recommendation)

Student Name: _____

Teacher Name: _____ (please fill out this sheet and place in Ms. Radic's mailbox)

Please comment on the following:	
Attendance:	
Kindness:	
Attitude:	
Maturity:	
Leadership qualities:	
Role model qualities:	
Other:	