

**PEER RESOURCE APPLICATION  
SIERRA HIGH SCHOOL**

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LAST NAME	FIRST NAME	GRADE NOW
ADDRESS		HOME PHONE

ATTENDANCE: How many days of school did you miss in the first term? \_\_\_\_\_  
How many tardies did you have during the first term? \_\_\_\_\_

TOTAL GPA (approximate): \_\_\_\_\_

Do you have TWO class sections available in your schedule to take Peer Resource? \_\_\_\_\_  
What other courses are you planning to take during the 2009-2010 school year?

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Are you DRUG-FREE? \_\_\_\_\_ If not, are you willing to give-up drugs, including alcohol and tobacco, while you are a member of the Peer Resource team? \_\_\_\_\_

List any club, athletic, church, or community activities in which you've been involved.

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List three experiences that will be helpful to you in the job of Peer Resource member.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

Please ask two teachers to recommend you. *Written comments are required!*

Teacher's comments: \_\_\_\_\_  
Teacher's signature: \_\_\_\_\_

Teacher's comments: \_\_\_\_\_  
Teacher's signature: \_\_\_\_\_

RETURN APPLICATION TO MRS. MITZMAN or the COUNSELING OFFICE