



2025-2026 PEER FACILITATION APPLICATION

Please complete the following application and return to Mrs. Morgan in Room 2447 no later than **February 7, 2025**. Students who do not complete all the necessary paperwork will not be considered for Office Aide positions. This course is only available to rising Seniors, and space is limited.

STUDENT INFORMATION

NAME: _____

STUDENT ID: _____

COUNSELOR: _____

STUDENT APPLICATION REQUIREMENTS

All students applying for an Office Aide Position must meet the following criteria:

- No ISS or OSS Infractions.
- Generally good attendance (**no more than 5 unexcused absences per semester**).
- Be on track to graduate (*cannot be missing graduation requirements or be off-track for graduation*).

OFFICE AIDE EXPECTATIONS

The Office Aide course may be taken for one semester or two. Students WILL receive a grade for the course. All students placed as Office Aides are expected to adhere to the following rules and requirements. Failure to meet these expectations may result in a lower grade in the course or removal from the position:

- Regular Attendance (*students with more than 5 unexcused absences may be removed*).
- Follow and complete all work assigned by the Office Supervisor.

Place a check mark on the line next to the semester(s) you would like to serve as an Office Aide. S1 _____ S2 _____

OFFICE AIDE POSITIONS

The following positions are available for Office Aide. Placement requests are accepted but not guaranteed. Office placement is based on need and will be determined the first week of the semester.

Bridge East/Front Office

Bridge West/Counseling Office

Media Center

TEACHER/STAFF RECOMMENDATIONS

Please provide the name and signature of two teachers/staff members that are willing to provide a recommendation for you.

Name (Print): _____ Signature: _____

Name (Print): _____ Signature: _____

STUDENT AGREEMENT AND SIGNATURE

I have read and understand the requirements and expectations of the Office Aide Position. Space is limited for this program and consideration will be given based on the requirements above, staff recommendations, and first-come, first served completion of this application. By signing below, I acknowledge that I will adhere to these terms IF I am accepted and placed as an Office Aide. Print your name and sign below to acknowledge your understand all information presented on this application.

Name (Print): _____ Signature: _____

INTERNAL USE ONLY

Peer Facilitator Teacher Approval: _____ Counselor Recommendation: _____