



2025-2026 PEER FACILITATION / OFFICE AIDE APPLICATION

Please complete the following application and return to Mrs. Harrison in Suite 1340 **by February 12, 2025**. Students who do not complete all the necessary paperwork will not be considered for Office Aide positions.

STUDENT INFORMATION

NAME:

GRADE:

COUNSELOR:

ADDRESS:

PHONE NUMBER:

STUDENT APPLICATION REQUIREMENTS

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

- No ISS or OSS Infractions, with minimal Office Referrals.
- Generally good attendance (**no more than 8-10 unexcused absences per semester**).
- Be on track to graduate (*cannot be missing graduation requirements or be off-track for graduation*).
- Be willing and able to provide TWO teacher recommendations upon request.

OFFICE AIDE EXPECTATIONS

The Office Aide course is a credit-bearing course. Students WILL receive a grade that reflects the amount of effort shown and commitment to 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

OFFICE AIDE POSITIONS

The following positions are available for Office Aide. Placement requests are accepted but not guaranteed. Office placement is based on need.

- Front Office/Attendance Office, **Seniors Only**
- Administrative Offices (1320 or 1380), **Seniors Only**
- Counseling Offices (1340 or 1360), **Seniors Only**
- Community-Based Instruction (CBI) Classroom
 - Known as Peer Facilitation 4, Special Education Classroom, **Open to 9-12 Grade**

OFFICE AIDE CONSENT AND SIGNATURE

Based on the above information, I understand and agree to the requirements of the Office Aide Position. By signing below, I acknowledge that I will adhere to these terms IF I am accepted and placed as an Office Aide.

Name (Print): _____ Signature: _____

THERE IS A BACK TO THIS FORM THAT MUST ALSO BE COMPLETED



2025-2026 PEER FACILITATOR CONFIDENTIALITY AGREEMENT

Milton High School Peer Facilitators support a variety of school functions. As part of their duties, Peer Facilitators will have access to student and employee information from various sources, including but not limited to conversations. With respect to the personal information and confidential conversations, the Peer Facilitator, has read, understands, and agrees to the following:

1. The Peer Facilitator acknowledges the confidentiality of all student and employee information and conversations. This information will not be revealed to, distributed to, or discussed with anyone other than the appropriate supervisors and/or Milton staff.
2. The Peer Facilitator will access only the information specified and authorized by the supervisors. Access to the information should only be through normal office procedures.

The Peer Facilitator understands that failure to abide fully by the above agreements is grounds for immediate dismissal.

Peer Facilitator Name (Printed)

Date

Peer Facilitator Signature

Date

Parent Signature

Date

Supervisor's Signature (Harrison)

Date