

New Peer Buddy Application

This application must be completed and turned in to _____ (name of coordinator)
in room _____ (place to turn in application) no later than _____ (date)

Name of Student: _____

Grade: _____

Homeroom: _____

School year for which you are applying: _____

Describe any experiences you have had working with people with disabilities:

List any hobbies and/or interests you have:

Describe the top 3 qualities you have that make you a good candidate for the peer buddy program:

What interested you in applying to become a peer buddy?

You must have at least two (2) teacher recommendations, to be completed below:

Teacher 1:

Name: _____

Contact information: _____

How long have you known this student? _____

Why do you recommend this student for the peer buddy program?

Teacher Signature: _____

Teacher 2:

Name: _____

Contact information: _____

How long have you known this student? _____

Why do you recommend this student for the peer buddy program?

Teacher Signature: _____

Student Signature: _____ Date: _____

To be completed by coordinator

Date application received: _____ **Accepted:** ___ Y ___ N