

# Peer Leadership (Office Aide) Application for the 2013-2014 School Year

Please complete the application below and return to the Counseling Office by  
**Tuesday, March 19, 2013.**

Student's Name: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Student's Phone #: \_\_\_\_\_ Orig Yr of Graduation (Ex: 2014): \_\_\_\_\_

Numeric Average (as of 12/2012): \_\_\_\_\_ # of Credits Earned (as of 12/2012): \_\_\_\_\_

## 1. What is your motivation for wanting to be an office aide?

---

---

---

---

---

## 2. Please rank the following in order of preference. Keep in mind that your placement is not guaranteed.

### Locations:

Counseling Office  
Main Office  
AP / Attendance Office  
Media Center

1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_  
3<sup>rd</sup> Choice: \_\_\_\_\_  
4<sup>th</sup> Choice: \_\_\_\_\_

### Semesters:

1<sup>st</sup> Semester  
2<sup>nd</sup> Semester

1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_

## Read the statements below. Put a check in each box to indicate your understanding:

- ☐ I understand the recommendation to take at least 4 academic classes in my senior year.
- ☐ I understand that the office aide course is a for-credit course and I will receive a numeric grade based on my professionalism and performance of the duties assigned to me.
- ☐ I understand that the office aide course will count toward my overall GPA and class rank.
- ☐ I understand that the office aide course may be factored into HOPE scholarship eligibility.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_