HAMPTON UNIVERSITY
PEER COUNSELOR ORGANIZATION

Peer Counselors . . . .
△ Listen
△ Display Empathy
△ Ask Good Questions
△ Confront the Issues
△ Are Assertive
△ Exhibit Excellent Problem-Solving Skills
△ Educate Peers on Critical Issues

Attributes of a Good Peer Counselor . . . .
△ Trustworthy
△ Collaborative
△ Creative
△ Dependable
△ Kind
△ Assertive
△ Positive Role Modeling
△ Leadership

We Do . . . .
△ Fall and Spring Training
△ Forums
△ Bonding Activities
△ Presentations
△ Mentoring
△ Resident Hall Chats
△ Community Projects
△ Awareness Raising through handouts, flyers, posters, tweets
△ Student Counseling Center project support

Hampton University Peer Counselor Organization Application
2020
OVERVIEW OF PEER COUNSELOR RESPONSIBILITIES

✓ Pay $30.00 due by Friday May 1, 2020: NO EXCEPTIONS
  ▪ Includes T-Shirts, food, activities, etc.
  ▪ Cash/Cashier’s Check/Money Order NO CHECKS

✓ Assist with Freshman Orientation (if you live locally).

✓ Attend weekly meetings.

✓ Make and execute plans for all events including fundraisers, forums/seminars/workshops, Peer Counselor Week and new PC intake.

✓ Attend mandatory training and support or need events.

✓ Participate in community projects.
REQUIREMENTS FOR PEER COUNSELOR CANDIDACY

The Peer Counselor Organization requires strict compliance with student organization regulations, requirements, and policies. Please read the following requirements carefully and thoughtfully.

- Provide confidential peer services to Hampton students, such as active listening, empathy, assistance with problem solving strategies, peer mediation, moral support, and referral to SCC counselors as needed.
- Participate in training provided for Peer Counselor skill building.
- Participate in at least one PC Community Service project per semester.
- Attend the Spring 2020 Peer Counselor Orientation.
- Attend the Fall Training at the beginning of the academic year.
- Pay membership dues ($30.00).
- Attend weekly meetings of the academic year.
- Attend scheduled committee meetings.
- Support all PC activities, such as resident hall chats, fundraisers, seminars, PC week, and drug and alcohol awareness events.
- Conduct behavior in accordance with the Hampton University Code of Conduct as well as meet standards for academic (at least 2.7 cumulative GPA) and social clearance.
- Forward your HU email address to your private email address in order to remain informed and provide requested responses.
- Become member in Peer Counselor Organization GroupMe: NO MUTING

I have read the above PCO requirements and agree to abide by them. I understand that this agreement will be kept in my Peer Counselor record and I will receive a copy of it.

Printed Name ___________________________ Date ___________________________

Signature ___________________________
HAMPTON UNIVERSITY
2020-2021 PEER COUNSELOR ORGANIZATION
APPLICATION INSTRUCTIONS

✓ The application must be typed and grammatically correct.
✓ Please read the application carefully and complete all fields; if not applicable type N/A.
✓ A completed recommendation form.
✓ Submit the completed application and recommendation to the Student Counseling Center, Armstrong Slater Building, 2nd floor and sign up for an interview time with Ms. Young, 727-5617 by FRIDAY February 21, 2020 by 4:00 p.m.

LATE APPLICATIONS WILL NOT BE ACCEPTED!!!

You will be notified of the admission decision in writing at the local address you enter on the application form.

Interview OVERVIEW

• Each interview lasts approximately fifteen (15) minutes.
• There will be one to two interviewers.
• Be prepared to answer questions and respond to a scenario.
• At the end of your interview you will have the opportunity to ask any questions or address any concerns you may have.
• Dress: business attire.
• Be on time.
HAMPTON UNIVERSITY PEER COUNSELOR ORGANIZATION
APPLICATION
PLEASE PRINT/TYPE CLEARLY

Name: ___________________________________________ SID _________________________
First Middle Last

Sex: Male ____ Female ____ Birth date: ___________ Classification: _________________________

Major: ___________________________________________________ Cumulative G.P.A.: _________

Phone: ___________________________ HU e-mail Address: _________________________________

Current Local Address: __________________________________________________________________
City: ___________________________ State: ________________ Zip Code: _________________

Summer Address: ______________________________________________ Tel.: ( ) ___________________ 
City: ___________________________ State: ______________ Zip Code: ________________

Parent/Guardian/Spouse (please circle one) Information:
Name: _______________________________________________________________________________
Address: _____________________________________________________________________________
City: ___________________________ State: ___________ Zip Code: __________
Tel.: __________________________________________

WILL YOU BE LIVING ____ ON CAMPUS OR ____ OFF CAMPUS in 2020-2021?

DO YOU PLAN TO WORK DURING THE ACADEMIC YEAR? ___YES ___NO

IF SO, WHERE AND HOW MANY HOURS? ______________________________________________

PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR CAMPUS INVOLVEMENT:

Organization, Year(s), Office(s) Held Advisor’s name, phone # and/or office location
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Hampton University Peer Counselor Organization Application
2020
WHAT OFFICE(S) DO YOU HOPE TO HOLD IN ANY ORGANIZATION OTHER THAN PEER COUNSELORS IN 2020-2021?

_____________________________________________________________________________________

WEEKLY MEETINGS? ___ YES ___ NO

IF YOU WILL BE ATTENDING SUMMER SCHOOL THIS YEAR, WOULD YOU BE INTERESTED IN BEING A SUMMER PEER HELPER? _______ YES _______ NO

SHORT ANSWER
MUST BE TYPED

WHAT WOULD YOU CONSIDER TO BE YOUR GREATEST CONTRIBUTION TO ANY OF THE ORGANIZATIONS IN WHICH YOU HAVE BEEN A MEMBER?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

WHAT WAS YOUR FIRST ENCOUNTER WITH THE PEER COUNSELOR ORGANIZATION, YOUR IMPRESSIONS OF, AND FEELINGS ABOUT IT?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

WHEN TWO OF YOUR ORGANIZATIONS HAVE THINGS SCHEDULED AT THE SAME TIME, WHAT ARE THE KEY FACTORS IN YOUR DECISION MAKING ABOUT WHAT TO DO?

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Hampton University Peer Counselor Organization Application
2020
WHAT DO YOUR PEERS AND FRIENDS MOST APPRECIATE ABOUT YOU?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

ESSAY

THE ESSAY NEEDS TO BE TYPED ON A SEPARATE SHEET OF PAPER, 1-2 PAGES IN LENGTH. PLEASE USE DETAILS AND SPECIFIC EXAMPLES. GRAMMAR IS IMPORTANT.

DESCRIBE A) THE REASONS YOU DESIRE TO BECOME A PEER COUNSELOR, B) HOW THE PEER COUNSELOR ORGANIZATION WOULD BENEFIT FROM YOUR MEMBERSHIP SPECIFICALLY, AND C) HOW YOU HOPE TO BENEFIT FROM MEMBERSHIP OTHER THAN HAVING IT ON YOUR RESUME.
**RECOMMENDATION FOR PEER COUNSELOR ORGANIZATION APPLICANTS**  
(To Be Completed By The Applicant)

<table>
<thead>
<tr>
<th></th>
<th>POOR</th>
<th>AVERAGE</th>
<th>GOOD</th>
<th>OUTSTANDING</th>
<th>NO BASIS FOR JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy and enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generates project ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrated planning abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistency of follow-through</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility/adaptability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social awareness and concern</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborates with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates leadership skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carefulness of work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Self-starter’</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability/flexibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct and Reputation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OVER

Hampton University Peer Counselor Organization Application  
2020
1. How long have you known the applicant? ______________________________________

2. Applicant’s Personal Strengths:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

3. Applicant’s Organization Membership Strengths:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please comment on the applicant’s suitability as a Peer Counselor/Listener/Supporter:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PLEASE INDICATE THIS APPLICANT’S OVERALL ABILITY TO BE A PEER COUNSELOR BY CIRCLING THE MOST APPROPRIATE RATING.

5 (above average)  4 (average)  3  2  1 (below average)

Signature: ________________________________________ Date: _______________

*This information will be confidential. Please seal this evaluation in an envelope, with your name and the date written across the sealed portion.