

# College of Charleston Peer Counselor application

Before submitting an application, please attend an Information Session and be completely familiar with the FAQ info on the Peer Counseling website.

## **APPLICATION DEADLINE: June 5, 2009.**

All Application materials must be turned in to Counseling and Substance Abuse Services.

Location: Top Floor of Robert Scott Small Building

**TIME COMMITMENT:** Minimum Six hours per week for the academic year 2008-2009.

Peer Counseling shift: 4 hours

Marketing/development/outreach: 1 hour

Meetings/Trainings: 1 hour

Tentative Meeting time: Tuesday at 4:00 pm

**ACADEMIC REQUIREMENTS:** Minimum GPA of 3.0

Minimum Earned Credit Hours: 30

## **MISSION:**

Peer Counseling is a service for College of Charleston students offered by College of Charleston students. The program is supported by CofC's Counseling and Substance Abuse Services and other CofC faculty and staff. Peer Counselors provide therapeutic listening, help with decision making, and referrals for various campus and local services and activities. All of this is offered in a confidential, non-judgment environment.

## **JOB DESCRIPTION:**

- \_ Provide therapeutic listening skills to College of Charleston students
- \_ Market the services of the Peer Counseling Program.
- \_ Participate in biweekly meetings/supervision sessions
- \_ Participate in campus outreach related to health education initiatives

## **TRAINING**

- \_ Therapeutic listening skills
- \_ Assisting with decision making processes
- \_ Referrals to campus and community services

**NOTE:** The 2 recommendation forms must be completed by instructors, advisors, or supervisors from your current or previous place of employment. All recommendations must be signed by recommender on the seal of the envelope.

**Mail or bring all application materials (in one envelope) to:**

Peer Counseling  
Counseling and Substance Abuse Services  
175 Calhoun Street  
College of Charleston  
29414

College of Charleston Peer Counseling Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Student ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Local Address  
\_\_\_\_\_

Permanent Address  
\_\_\_\_\_  
\_\_\_\_\_

Home phone \_\_\_\_\_ Cellular \_\_\_\_\_

Major \_\_\_\_\_ G.P.A. (Min: 3.0) \_\_\_\_\_

\* If grade point average falls below a 3.0 after being accepted or during participation in the Peer Counseling Program, acceptance will be reconsidered.

Class: Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Grad Student \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Expected semester course load for the Fall and Spring semesters \_\_\_\_\_

Total credits earned at a college or university (Min: 30) \_\_\_\_\_

Will you be working during this academic year? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Number of hours? \_\_\_\_\_

# College of Charleston Peer Counseling Application

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Have you ever been involved in a college judicial sanction? YES\_\_ NO\_\_

If yes, please explain:

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Have you ever been arrested? YES\_\_ NO\_\_

If yes, please explain:

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Have you ever been hospitalized for a mental health issue? YES\_\_ NO\_\_

If yes, please explain:

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Are you experiencing any mental health concerns that are **not** successfully treated and managed?

YES\_\_ NO\_\_

If yes, please explain:

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List **any** impediments you might have to effectively delivering Peer Counseling services.

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List College of Charleston and or community activities; positions held and level of commitment:

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**I agree, if accepted as a peer counselor, to:**

- ✓ Attend bi-weekly meetings
- ✓ Participate in one counseling shift per week
- ✓ Commit for an entire academic year
- ✓ Participate in marketing/ advertising activities at least twice per month
- ✓ To be an active member of group

Signature of Applicant: \_\_\_\_\_

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

# College of Charleston Peer Counseling SELF EVALUATION AND ESSAY STATEMENT

Name: \_\_\_\_\_

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1. Please evaluate yourself on the following characteristics. Keep in mind that we will be looking for evidence in your application and references to support your rating.

Questions pertaining to your rating may be asked during an interview process.

|                                   | Needs improvement |   |   |   |   |   | Outstanding |
|-----------------------------------|-------------------|---|---|---|---|---|-------------|
| Organization skills               | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Communication skills              | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Ability to work as part of a team | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Initiative                        | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Follow through on commitments     | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Maturity                          | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Accepts responsibility            | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Uses good judgment                | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |
| Creativity                        | 1                 | 2 | 3 | 4 | 5 | 6 | 7           |

2. Essay Statement: **On a separate sheet of paper**, please attach a typed essay (1-2 pages) responding to both (a) and (b).

a. Describe why you want to be in the College of Charleston's Peer Counseling Program.

b. From the list of characteristics above, state which two (2) qualities you feel are most important to being a Peer Counselor and describe prior experiences in which you have demonstrated these characteristics.

**PEER EDUCATOR PROGRAM Recommendation Form**

Candidate's Name: \_\_\_\_\_

A small, select group of College of Charleston students are trained to providing Peer Counseling to College of Charleston students. Training consists of therapeutic listening skills, decision making processes, and referrals. Students most likely to experience success in the program possess strong leadership and social skills, assertiveness, good judgment, creativity, initiative, follow-through, and commitment.

|                                   | Needs improvement | Outstanding |
|-----------------------------------|-------------------|-------------|
| Organization skills               | 1 2 3 4 5 6 7     |             |
| Communication skills              | 1 2 3 4 5 6 7     |             |
| Ability to work as part of a team | 1 2 3 4 5 6 7     |             |
| Initiative                        | 1 2 3 4 5 6 7     |             |
| Follow through on commitments     | 1 2 3 4 5 6 7     |             |
| Maturity                          | 1 2 3 4 5 6 7     |             |
| Accepts responsibility            | 1 2 3 4 5 6 7     |             |
| Uses good judgment                | 1 2 3 4 5 6 7     |             |
| Creativity                        | 1 2 3 4 5 6 7     |             |

2. How long have you known the candidate?

3. Please describe your working relationship with the candidate:

4. Briefly describe the candidate's strengths:

5. Briefly describe the candidate's area(s) for growth:

6. Overall, do you:

\_\_\_\_\_ Highly recommend this candidate

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend with reservations

\_\_\_\_\_ Not recommend this candidate

Signature of recommender \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Be sure to sign the seal of the envelope.

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| Maturity                          | 1 2 3 4 5 6 7     |             |
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Signature of recommender \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

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