



# Lambert High School

805 Nichols Road  
Suwanee, GA 30024  
678-965-5050

**Peer Facilitator Application 2020-2021**  
**Return to Ms. Nicoletti (room 1818) by **March 17, 2020.****

Name : \_\_\_\_\_ (Please print neatly)

Grade: \_\_\_\_\_

GPA: \_\_\_\_\_

What elective course would you like replaced if you are chosen to become a Peer Facilitator?

\_\_\_\_\_  
**\*\* Have you been a PF before? If so, what class did you work in? How many years have you been a PF? Do you want to be in the same type of class?**

\_\_\_\_\_  
**Are you going to be a Senior? If so, are you doing IE2?**

\_\_\_\_\_  
**Why would you like to be a Peer Facilitator?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Please include **one statement of reference and signature from one teacher** at Lambert High School.**

\_\_\_\_\_  
**What makes you a good candidate to be a Peer Facilitator?**

\_\_\_\_\_

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## Peer Facilitator Confidentiality Agreement

Lambert 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 Lambert 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.

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**Peer Facilitator Name (Printed)**

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Peer Facilitator Signature

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Date

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Parent Signature

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Date

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Supervisor's Signature (M. Nicoletti)

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Date