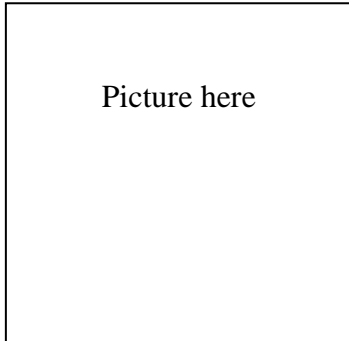




UNIVERSITY OF THE PHILIPPINES MINDANAO
Counseling and Testing Section
Office of Student Affairs
Mintal, Tugbok District, Davao City



Student Peer Facilitators' Program
APPLICATION FORM
A.Y. _____



PERSONAL INFORMATION

Name: _____
Last Name First Name Middle Name
Nickname: _____ Age: _____ Sex: _____ Birthdate: _____ Birthplace: _____
Civil Status: _____ Religion: _____
Home Address: _____
Present Address: _____
Contact Number: _____ E-mail Address: _____
Year/Degree Program: _____ Year of Graduation: _____
Hobbies/Interests: _____
Special Skills/Talents: _____
Languages/Dialects Spoken: _____

MEMBERSHIP IN ORGANIZATIONS (COLLEGE & OUTSIDE)

Name of Organization	Position	Year

FAMILY INFORMATION

Mother's Name: _____ Occupation: _____
Father's Name: _____ Occupation: _____
No. of Siblings: Male _____ Female _____ Birth order in the family: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____
Address: _____
Landline Number: _____ Cellphone Number: _____

- Why are you interested to become a Student Peer Facilitator?

- Have you had any previous informal 'talks' or listen to a problem of a friend? _____
- Specify 3 important learnings to yourself from your informal 'talks'?
(a) _____
(b) _____
(c) _____

4. What qualities do you possess that could help you as a peer facilitator?

5. What additional knowledge/skills do you think you still need to better prepare yourself as a peer facilitator?

6. Briefly describe yourself. Include significant people/factors that have helped you grow as a person.

ADJECTIVE CHECKLIST. Please put a check mark beside the adjective that you think describes you.

- | | |
|-------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Confused | <input type="checkbox"/> Accepting |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Introvert | <input type="checkbox"/> Concerned |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Reserved | <input type="checkbox"/> Has close family ties |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Committed | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Reflective | <input type="checkbox"/> Studious |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Independent |

Discuss COMMITMENT in your own words.