Shalom Community

Peer Program Leader Application

2019-2020 Academic Year

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wheaton E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Semester GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:**

REFERENCES

Two completed reference forms must be submitted on your behalf in order for your application to be complete. Reference forms are attached. Please request that the forms be completed and sent to the OMD before **4:00 pm on Wednesday, February 20th**. Contact your references early to allow them enough time to give thoughtful responses. Your references should be from the following categories:

* Your current Resident Assistant, Assistant Residence Director, RD or GRA
* One on/off campus professional reference (may be college faculty or staff member, coach, former RA, current or former supervisor, pastor, etc.)

List the names of your two references below:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:** Before giving reference to those you listed, WRITE YOUR NAME AT THE TOP OF EACH FORM and supply a return envelope addressed to the Office of Multicultural Development with each recommendation form.

PLEASE READ AND SIGN THE FOLLOWING:

I have read and understand the Peer Program Leader Description (please see Shalom Community Application for job description) and Work Schedule and agree to abide by both if hired.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (printed) Signature Date

**ESSAY QUESTIONS**

Please submit a single-spaced, typewritten response to each of the questions. Please do not go beyond a quarter page for each answer (1 ½ pages total). We value honesty, depth, and **succinctness** in your responses.

1. **What led you to apply to be a Peer Program Leader and what do you hope to learn as a result of serving as a PPL?**
2. **How would a close friend describe your strengths and limitations?**
3. **What concerns do you have about the PPL position?**
4. **Please explain ways in which you choose and have chosen to lead your peers.**
5. **What role has the Community Covenant played in your Wheaton experience thus far? How do you feel about being in a position that is expected to support it?**
6. **Please list past or current employment and co-curricular experiences that are related to the PPL position.**

Shalom Community

Peer Program Leader Residence Life Reference Form

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate’s Waiver of Right of Access to Confidential Reference Letter**

I voluntarily waive my right of access to this reference letter under Public Law 93-380 so that it may be kept confidential. (If no waiver is signed, this law permits the candidate to inspect this recommendation).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate

**Please answer the following questions:**

How long have you known the applicant and in what capacity?

Three Strengths of Applicant: Three Possible Limitations:

1) 1)

2) 2)

3) 3)

Based upon your observation of this student’s interactions with others (on the floor, around campus, etc.), what does their current involvement with others say about their potential success as a Peer Program Leader in the Shalom Community?

In your experience with the candidate, how have you seen the candidate lead their peers?

Please record your overall impression of this candidate’s potential as a Peer Program Leader in the Shalom Community.

Peer Program Leader Residence Life Reference Form (Page 2)

On the scale below, how would you rate the applicant in the following areas in comparison to typical, upper-level college students? If you have no basis for comment on an item, please indicate such. **Please make specific comments where possible to clarify your assessment.** If you need an extra space, please feel free to attach an additional sheet.

**Spiritual maturity**  Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**Emotional maturity** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**Initiative** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**Openness to learning from others who have differing views** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**Communication skills** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

Relational ability Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**Leadership ability** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**Responsibility** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**ON A FIVE POINT SCALE, PLEASE CIRCLE OVERALL RECOMMENDATION: 1 2 3 4 5** 1=strongly do not rec; 2=don not rec; 3=rec with some concerns; 4=rec; 5=strongly rec

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Printed) Signature Date

Please Return to the Office of Multicultural Development by 4:00 on Wednesday, February 20th.

Shalom Community

Peer Program Leader Professional Reference Form

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Candidate

The student named above has applied to be a Peer Program Leader (PPL) and has listed you as a reference. To aid us in the selection process, we would appreciate your evaluation and specific comments regarding the applicant. This form continues on the back.

**Peer Program Leader Responsibilities**

The PPL is responsible for facilitating the members of Shalom Community towards active involvement and meeting the goals of the community. This includes organizing group conversations, prompting the organization of group activities, and encouraging others in their growth. They are also responsible for enforcing Residence Life policies and helping to mediate conflict in the house.

**Please answer the following questions:**

How long have you known the applicant and in what capacity?

Three Strengths of Applicant: Three Possible Limitations:

1) 1)

2) 2)

3) 3)

Based upon the description above, your understanding of the PPL responsibilities, and according to your knowledge of the applicant, please respond as to how you feel he/she would perform in such a position:

(continued on reverse side)

Peer Program Leader Professional Reference Form (Page 2)

On the scale below, how would you rate the applicant in the following areas in comparison to typical, upper-level college students? If you have no basis for comment on an item, please indicate such. **Please make specific comments where possible to clarify your assessment.** If you need an extra space, please feel free to attach an additional sheet.

**Spiritual maturity**  Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

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**Responsibility** Needs Developing 1 2 3 4 5 Developed significantly beyond peers □ No Basis for Comment Comments:

**ON A FIVE POINT SCALE, PLEASE CIRCLE OVERALL RECOMMENDATION: 1 2 3 4 5** 1=strongly do not recommend; 2=do not recommend; 3= recommend with some concerns; 4= recommend; 5=strongly recommend

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Return to the Office of Multicultural Development by 4:00 on Wednesday, February 20th.