

Peer Counselor Training Application

Please type your responses and use the secure link to submit this to the secure file drop location

[Peer Counselors | SUNY Potsdam](#)

Name: _____

Phone: _____

Email Address: _____

Major: _____

P#: _____

Cumulative GPA: _____
(2.5 required for internship credit)

*If you are currently seeing a Licensed Counselor at our Counseling Center their support is required to apply. Please speak to them in depth about your interest and write their name in the provided space. Please note failing to do so could jeopardize your selection as a Peer Counselor Trainee. **Licensed Counselors Name:** _____*

Your class standing next semester:

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

☐ Grad

Tell us why you are interested in being a Peer Counselor

How do you define “Counseling”?

What coping skill do you use when you’re struggling?

What do you hope to gain from training?

Where do you see yourself using these skills after graduating?

Tell us about a difficult time you went through and how you coped.

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Tell us about a time you helped someone else through a hard time.

Tell us about a time you received negative feedback from a faculty or staff member at college. How did you handle it? What did you learn from the experience?

Please read the scenario and answer the questions below:

Their significant other just broke up with them via text message yesterday. They don't know why, and their significant other aren't responding to their messages, but they can see them posting on Facebook. They can't imagine what this summer is going to be like now as they had plans to live together and work at the same company together. They were going to be living in his/her relative's house so now that is unimaginable.

How is this person feeling?

What do you want to know more about?

What might you tell this person?

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Training is Thursdays 1:00 pm -2:50 pm next semester. Please keep this in mind as you create your class, work and internship schedules.