

Peer Mediator Application

Date: _____

Name: _____ Grade _____

Where types of conflicts have you observed in your school?

Have you ever found yourself in the middle of a conflict, argument, or frustrating situation? This could be with friends, at school, or at home. What did you do to help resolve it? What was the outcome?

How do you think becoming a peer mediator would help your school community?

What qualities do you think a good peer mediator should have?

Why do you want to become a peer mediator?

Have you previously participated in peer mediation training? (Circle y/n)

Yes

No



**Student Led
Peer Mediation**

Peer Mediator Application

Demographic Information

Phone number (yours or a guardian's): _____ - _____ - _____

Date of Birth: ____/____/____

Home Zipcode: _____

What is your Gender? _____

What is your Race? _____

What is your ethnicity (OPTIONAL)? _____

What is your school? _____

