



**LEMERY COLLEGES**  
A. Bonifacio St. Bagong Sikat, Lemery, Batangas  
**GUIDANCE AND COUNSELING OFFICE**

2x2 picture

**PEER FACILITATOR GROUP**  
**Application Form**

Date Filled: \_\_\_\_\_

☐ Junior High School

☐ Senior High School

☐ College

**PERSONAL DATA**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*Last Name First Name Middle Name*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

Present Address: \_\_\_\_\_

Contact No. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Order among siblings: \_\_\_\_\_ Number of siblings: \_\_\_\_\_

**FAMILY DATA**

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alive ( ) Deceased ( )

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alive ( ) Deceased ( )

Living with parents \_\_\_\_\_Yes \_\_\_\_\_No

If not living with parents, where do you stay? \_\_\_\_\_

Guardian's Name (if not living with Parents): \_\_\_\_\_

Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Relationship w/ guardian: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

**EDUCATIONAL BACKGROUND** *(Please start with the school last attended)*

GRADE/ YEAR LEVEL	SCHOOL ATTENDED	INCLUSIVE YEARS	HONORS/AWARD RECEIVED

**MEMBERSHIP IN ORGANIZATIONS**

*In school*

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

*Outside school*

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

**Unique Features**

Special Interests \_\_\_\_\_

Special Skills/Talents \_\_\_\_\_

Hobbies/Recreational Activities \_\_\_\_\_

Characteristics that describe you best \_\_\_\_\_

Present Concerns/Problems \_\_\_\_\_

Present fears \_\_\_\_\_

Name of student: \_\_\_\_\_

Date: \_\_\_\_\_

Year/Course/Section: \_\_\_\_\_

Please answer the following questions for your initial assessment.

1. What is your personal idea about peer facilitator group?

2. Why do you want to be a member of peer facilitator group?

3. What would be the greatest contribution you can give for organization and school?

☐ Recommended

☐ Not recommended

☐ Subject for further assessment

Assessed by:

Approved by:

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Signature Over Printed Name

