



GENERATIONS™
AGAINST
BULLYING

6550 W. Forest Home Ave. Milwaukee, WI 53220 (414) 241.2465 www.gabnow.org follow us: @gabnoworg

Peer Ambassador Application

GAB Peer Ambassadors are students who will play a vital role in the GAB organization and the community at large. Peer Ambassadors will provide leadership roles by participating and contributing their ideas in a group of their peers. These ideas will become the framework for the eventual development, “for the students, by the students”, of a program geared toward helping to prevent bullying for the next generation.

- Peer Ambassadors will also work in the community by helping organize staff GAB events to increase bullying awareness and solutions.
- Peer Ambassadors will learn team-building skills to maintain a positive environment.
- Peer Ambassadors will sign a Code of Conduct obligating them to maintain a respectful environment.
- Peer Ambassadors will receive recognition for their service, as it will go into their school record as community performed service, which can be used in their resumes for college and job applications.

PEER AMBASSADOR CHARACTERISTICS: (ALL OF WHICH WILL BE ENCOURAGED AND BUILT UPON THROUGHOUT THE COURSE OF THE YEAR)

- Communication skills
- Ability to work effectively with a diverse group of students
- Respectfulness and the ability to be a good listener
- Capacity for discretion, diplomacy, confidentiality, and understanding
- Acting as a mature young adult and leader to younger students and peers alike

PEER INFORMATION

First Name	Middle Name	Family Name	Preferred Name or Nickname
Home Address		City	State/Province
Zip/Postal Code		Male or Female	Age
Date of Birth (mo/day/year)		Email Address	
Phone Number		Month/Year of proposed entrance	
Current Grade		Applying for Grade	



Parent/Guardian Information

First Name Middle Name Last Name

Home Address City State/Province Zip/Postal Code

Home Phone Cell Phone

Parent Email

Education

- Independent
- Private/Parochial
- Public

School Name Date of Attendance

Street Address City State/Province Zip/Postal Code

Head of Counselor Telephone Fax Number

Other School attended in the past three years

School Name City State/Province Dates of Attendance

School Name City State/Province Dates of Attendance

Signatures

Signature of Peer Date

Signature of Guardian Date

