



GMS Peer Buddy Application 2022-2023

Complete this application form and return it to Room 603 – Mrs. Varzeas

****8th Graders Only****

Name: _____ Counselor's Name: _____

Adult T-Shirt Size (Circle Size): XS S M L XL XXL

1. Briefly state why you want to be a Peer Buddy.

2. Tell me something about yourself that would make you a great Peer Buddy.

3. Describe our experience with persons with disabilities.
