



Special Gifts Theatre, Inc.

Opening Doors to New Possibilities



Peer Mentor Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Number Apartment/Unit #

Home Phone: _____ Cell Phone: _____ E-mail Address: _____
City State Zip Code

Date of Birth (MM/DD only): _____ How did you learn of Special Gifts Theatre?: _____

Education

Name of School Attending: _____

City: _____ Your Current Grade: _____

Availability

Please identify the day that you could be a peer mentor:

Monday Tuesday Wednesday

Theatre & Special Needs Experience

Do you have any experience in theatre? Yes No
Do you have any experience with children with special needs? Yes No

If yes, briefly describe this experience:

Outside Interests

What are some of your additional interests/hobbies/obligations

Babysitting Scouts Singing
 Theatre Church/Synagogue Cheerleading
 Sports Dance Other: _____

Additional Feedback

Please share any additional thoughts, feedback, upcoming commitments, information etc. that you think would be important for us to know:
