



Special Gifts Theatre, Inc.

Opening Doors to New Possibilities ★ ★ ★

Peer Mentor Application

Applicant Information

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

Address: _____
Street Number Apartment/Unit #

_____ *City State Zip Code*

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail Address: _____

Date of Birth: _____ How did you learn of Special Gifts Theatre?: _____

Education

Name of School Attending: _____

City: _____ Your Current Grade: _____

Availability

Please identify which location(s) and day(s) you could be a peer mentor:

_____ Chicago (Thursdays) _____ Libertyville (Tuesdays) _____ Palatine (Thursdays) _____ Winnetka
 _____ Tuesday Cast or _____ Wednesday Cast

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:
