



### Peer Mentor Application: The Miracle Project

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address:

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Cell #: \_\_\_\_\_ Email Address : \_\_\_\_\_

Parent Email: \_\_\_\_\_

Weekly Availability: Please check the box of class times you are available to participate in.

*(The commitment would be for the Fall Semester running from the week of September 27<sup>th</sup> - January 29<sup>th</sup>)*

☐ Tuesdays 4:00-5:00 pm ☐ Tuesdays 5:15-6:30pm

☐ Thursdays 5:15-6:30 pm ☐ Saturdays 11:00-12:15pm

Please answer the following questions. Please use the space provided.

1. Why are you interested in being a peer mentor for The Miracle Project?

2. Our Peer Mentors act as "Friends" to the children with autism or special needs participating in the program. What qualities do you possess that would make you a good candidate to be a Peer Mentor?

3. How long have you been involved at MPAC? What programs have you been a part of?

Please list the names of two references.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship : \_\_\_\_\_

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

Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Please e-mail or mail your completed application to:

Cathy Roy  
Mayo Performing Arts Center  
100 South Street  
Morristown, NJ 07960  
[croy@mayoarts.org](mailto:croy@mayoarts.org)