



Peer Mentor Application: The Miracle Project

Name: _____ Age: _____ Grade: _____

Home Address:

Cell #: _____ Email Address : _____

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

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

Thursdays 4:00-5:00 pm Thursdays 5:15-6:30pm

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: _____

All applications will be reviewed and candidates will be asked to come to MPAC for a brief interview.

Please e-mail or mail your completed application to:

Cathy Roy
Mayo Performing Arts Center
100 South Street
Morristown, NJ 07960
croy@mayoarts.org