



P.O. Box 462 SUMMIT, NEW JERSEY 07902

HIGH SCHOOL MENTORING APPLICATION

Thank you for your interest in the SPARC Performing Arts mentoring program. Please complete the form below, attaching additional pages if necessary.

Name: _____ Grade: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell phone: _____

Email: _____

Emergency contact: _____

Relationship to applicant: _____

Home Phone: _____ Cell phone: _____

Please indicate any special interest or background in the performing arts.

What are some of the talents, skills and interests that you would enjoy sharing?

Mentoring is a big responsibility and will impact the lives of the mentor and the children in the program. What do you hope to gain from the experience? What do you hope the children will gain?

Briefly describe yourself in a few sentences? (Outgoing? Quiet? Reserved? Talkative?)

Why are you interested in participating in the SPARC mentoring program?

Do you speak a language other than English? If yes, please list.

Areas of Interest (circle two or three areas of interest)		
Costumes	Choreography	Lighting
Voice	Set Design	Program Design
Playwriting	Directing	Stage Management
Videography	Makeup	Other _____

Please list the names and contact information for two references.

1. _____

2. _____

I acknowledge that all statements made in this application are true to the best of my knowledge and I voluntarily sign this application.

I also pledge to uphold my obligation to my matched partner, person or group.

(Student Signature) (Date)

(Parent/Guardian Signature) (Date)