Junior Achievement of South Central Pennsylvania, Inc.

2011-2012 School Year Volunteer Sign-up Form

Volunteer Name: _____
(Mr., Mrs., Ms., Miss, Dr.) First Name MI Last Name

Company: (if applicable) _____

Job Title: (if applicable) _____

Home Contact Info:

Address: _____

_____

_____

Phone # (____) _____

Cell # (____) _____

Email _____

(Information used for contact purposes only.)

Work Contact Info:

Address: _____

_____

_____

Phone # (____) _____

Fax # (____) _____

Email _____

(Information used for contact purposes only.)

Equal Opportunity Information: Please check all that apply

Ethnicity: ☐ African American ☐ American Indian ☐ Asian American ☐ Caucasian ☐ Hispanic ☐ Hawaiian/Pacific Island ☐ Multi-Racial ☐ No Response

Gender: Male ☐ Female ☐

I would like to participate in _____**Fall Semester** _____**Spring Semester** _____**Both Semesters**

Check the grade level(s) you are interested in instructing:

Elementary School Program: ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Middle School Program: ☐ 6th ☐ 7th ☐ 8th

High School: ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Class Preference: I would like to teach at/with:

School: _____ Teacher: _____

County/District: _____ No Preference: _____

Would you consider instructing more than one class? ☐ **Yes** ☐ **No**

In addition to volunteering, I would like to **sign up now and "Save A Class".** Please contact me! ☐

Do you know anyone who would volunteer for JA? If so, please share their name and contact information with us:

Name _____ **Phone/Email** _____

Name _____ **Phone/Email** _____

Please turn form over, read and sign at the bottom.

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