



Teacher Agreement Form

2009-2010 School Year

First and Last Name (include Mr./Ms. etc.):

Grade:

School:

Address:

City:

State:

Zip:

Phone w/area code:

Fax w/area code:

E-mail:

Ethnicity – being collected by JA Worldwide, per funder request.

- African American
 American Indian
 Asian
 Caucasian
 Hispanic
 Hawaiian
 Alaskan Native
 Other: _____
 Prefer not to answer

Please choose the program you would like:

Elementary School Programs

Our Community (2nd Grade)

Our City (3rd Grade)

Our Region(4th Grade)

Our Nation (5th Grade)

JA Global Marketplace (6th Grade)

JA/NEFE High School Financial Planning

(Please indicate if you are flexible with the start month)

Class Size:

Start Month:

Day of Week, if Known:

Please choose one of the following, if possible:

- I would like to request my previous volunteer: (give name if possible)
 I can recommend: (Individual with phone or company as a source)
 I already have a volunteer: (Please include name, address, phone, fax, e-mail and company affiliation)
 I will identify my own classroom volunteer and contact Sally with the information.

Every attempt will be made to place a volunteer in your classroom, however JA cannot guarantee a volunteer will be found.

Other Comments:

OFFICE USE ONLY - New JA Teacher

Region Code:

Date:

Event Name: