

PART 1: TEACHER INFORMATION			
<i>Please use pen if completing by hand.</i>			
Teacher:			
<i>(Please include first name and last name)</i>			
School:			
Grade:		# of students:	
Is this your first year of JA at this grade level?			
Gender (M/F)		Ethnicity:	
Home Phone:			
Work Phone:			
Email:			
Best times to reach you:			
OTHER INFORMATION (Split Grades, Special Needs Students, etc.)			

PART 2: VOLUNTEER PREFERENCES		
<p>The most successful and dependable volunteers generally come from teacher referrals. Please reference your students' parent list and select 3 parents we may contact about serving as your JA volunteer. Please also consider other potential role models (past volunteers, business professionals, relatives, etc) and list all nominees below.</p> <p>PLEASE RANK ALL NOMINEES IN ORDER OF PREFERENCE (1 = First choice for volunteer, 2 = Second choice, etc.)</p>		
RANK	Parent Volunteer Nominees	Phone and / or Email Address
	Other Potential Volunteers	Phone and / or Email Address
	Past Volunteers	Phone and / or Email Address
May we use a high school student as your volunteer?	yes	no
May we use a college student as your volunteer?	yes	no
Would your student teacher like to be your volunteer?	yes	no
<i>(If yes, please list name, college, and phone / email below)</i>		

PART 3: JA CLASS INFORMATION						
Suggested Class Length By Grade						
K Ourselves	1 st Families	2 nd Community	3 rd City	4 th Region	5 th Nation	
35 min	35 min	45 min	45 min	45 min	50 min	
Start / End of school day:						
Recess / Lunch times:						
Below, please list three time slots that work best for you, then list days / times that would NOT work. We will make every effort to accommodate your preferred time slots.						
	1 st Choice	2 nd Choice	3 rd Choice			
DAY						
TIME						
TIMES THAT DO NOT WORK FOR YOUR JA CLASS						
Mon	Tues	Wed	Thurs	Fri		
FREQUENCY OF VISITS Please check all that apply						
My volunteer may come once weekly for 5 weeks.					Yes	No
My volunteer may come twice weekly for 2 ½ weeks.					Yes	No
My volunteer may come every day for one week.					Yes	No
I would be interested in having my class be a part of a Company Sponsored JAID. (all 5-6 sessions taught across 4 hours/1 day)					Yes	No
PROGRAMS ARE SCHEDULED TO BEGIN THE WEEK OF: (please circle your wave preference if any)						
Fall (Sept 28-Oct 9)		Winter (Jan 25-Feb 5)		Spring (April 11-April 22)		

JUNIOR ACHIEVEMENT OFFICE USE ONLY						
Name / Title:						
Organization:						
Address:						
Home Phone:			Work Phone:			
Fax Number:			Cell Phone:			
Email:						
Child in this school?	yes	no	In this class?	yes	no	
JA EXPERIENCE:	New to JA		New to Grade		Veteran	
JA DAY / TIME:						
TRAINING INFO:						