



# Teacher Schedule: Middle / High School

Please return this form via email or fax

| PART 1: TEACHER / CLASS INFORMATION                             |   |                |     |
|---|---|----------------|-----|
| <i>Please use pen if completing by hand.</i>                    |   |                |     |
| Teacher:  | [ ]<br><i>(Please include first name and last name)</i> |                |     |
| School:   | [ ]   |                |     |
| Grade/Program:  | [ ]   | # of students: | [ ] |
| Is this your first year of JA at this grade level?    Yes    No |   |                |     |
| Gender (M/F)  | [ ]   | Ethnicity:     | [ ] |
| Home Phone:   | [ ]   |                |     |
| Work Phone:   | [ ]   |                |     |
| Email:  | [ ]   |                |     |
| Best times to reach you: [ ]                                    |   |                |     |
| Do your classes . . .   |   |                |     |
| meet at the same time every day?                                |   | yes            | no  |
| meet at the same time every OTHER day?                          |   | yes            | no  |
| <i>Please describe any schedule variations below.</i>           |   |                |     |
| [ ]   |   |                |     |

| PART 2: VOLUNTEER PREFERENCES   |                |                              |  |
|---|----------------|------------------------------|--|
| <p>The most successful and dependable volunteers generally come from teacher referrals. Please list potential role models that could serve as your JA volunteer(s) below. You might consider parents of your students, past volunteers, business professionals, relatives, etc.</p> <p><b>PLEASE RANK ALL NOMINEES IN ORDER OF PREFERENCE</b><br/>(1 = First choice for volunteer, 2 = Second choice, etc.)</p> |                |                              |  |
| RANK  | Volunteer Name | Phone and / or Email Address |  |
| [ ]   | [ ]            | [ ]                          |  |
| [ ]   | [ ]            | [ ]                          |  |
| [ ]   | [ ]            | [ ]                          |  |
| [ ]   | [ ]            | [ ]                          |  |
| May we use a parent of a student as your volunteer?    yes    no  |                |                              |  |
| Would your student teacher like to be your JA volunteer?    yes    no   |                |                              |  |
| <i>(If yes, please list name, college, and phone / email below)</i>   |                |                              |  |
| [ ]   |                |                              |  |

| PART 3: JA CLASS INFORMATION                         |                         |                               |                     |             |     |
|--|-------------------------|-------------------------------|---------------------|-------------|-----|
| GRADE  | JA PROGRAM              | Length of Each Class          | Minimum # of Visits |             |     |
| 7  | Global Marketplace(kit) | 50 min                        | 6                   |             |     |
| 7  | Economics For Success   | 50 min                        | 6                   |             |     |
| 8  | It's My Business        | 50 min                        | 6                   |             |     |
| 8  | It's My Future          | 50 min                        | 7                   |             |     |
| 9  | Personal Finance        | 50 min                        | 7                   |             |     |
| CLASS 1  |                         | CLASS 2                       |                     | CLASS 3     |     |
| Period #:  | [ ]                     | Period #:                     | [ ]                 | Period #:   | [ ] |
| Start Time:  | [ ]                     | Start Time:                   | [ ]                 | Start Time: | [ ] |
| End Time:  | [ ]                     | End Time:                     | [ ]                 | End Time:   | [ ] |
| # in Class:  | [ ]                     | # in Class:                   | [ ]                 | # in Class: | [ ] |
| CLASS 4  |                         | CLASS 5                       |                     | CLASS 6     |     |
| Period #:  | [ ]                     | Period #:                     | [ ]                 | Period #:   | [ ] |
| Start Time:  | [ ]                     | Start Time:                   | [ ]                 | Start Time: | [ ] |
| End Time:  | [ ]                     | End Time:                     | [ ]                 | End Time:   | [ ] |
| # in Class:  | [ ]                     | # in Class:                   | [ ]                 | # in Class: | [ ] |
| Days You Prefer For Your JA Program                  |                         |                               |                     |             |     |
| ANY DAY  | Mon                     | Tues                          | Wed                 | Thurs       | Fri |
| [ ]  | [ ]                     | [ ]                           | [ ]                 | [ ]         | [ ] |
| Frequency of Visits                                  |                         |                               |                     |             |     |
| My volunteer may come once weekly for 6 weeks.       |                         |                               |                     | Yes         | No  |
| My volunteer may come twice weekly for 3 weeks.      |                         |                               |                     | Yes         | No  |
| My volunteer may come daily for 6 consecutive days.  |                         |                               |                     | Yes         | No  |
| My volunteer may teach multiple sessions in one day. |                         |                               |                     | Yes         | No  |
| OTHER INFORMATION                                    |                         |                               |                     |             |     |
| <i>(please circle your wave preference if any)</i>   |                         |                               |                     |             |     |
| Fall<br>(Sept 28)                                    | Winter<br>(Jan 25)      | Spring<br>(April 11-April 22) |                     |             |     |

| JUNIOR ACHIEVEMENT OFFICE USE ONLY |           |              |                |     |    |
|------------------------------------|-----------|--------------|----------------|-----|----|
| Name / Title:                      | [ ]       |              |                |     |    |
| Organization:                      | [ ]       |              |                |     |    |
| Address:                           | [ ]       |              |                |     |    |
| Work Phone:                        | [ ]       | Home 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:                     | [ ]       |              |                |     |    |