



TEANECK BOARD OF EDUCATION
Volunteer Program Services
201-833-5498
VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Emergency Contact: _____

Emergency contact phone number: _____

Looking to Volunteer: 1 - 4 times per year More than 4 times per year

Availability: Mornings Afternoons After School

Hours Available: _____

Day/s Available: Monday Tuesday Wednesday Thursday Friday

Preferred grade level _____

Preferred subject area and/or areas of interest _____

Please list examples of your previous work and/or volunteer experience, including any work with children. **(If necessary, please continue on the back of this application form)**

Preferred location, please check box:

Pre-K & Kindergarten	Grades 1-4	Grades 5-8	Grades 9-12
Bryant School <input type="checkbox"/>	Hawthorne School <input type="checkbox"/>	Benjamin Franklin <input type="checkbox"/>	High School <input type="checkbox"/>
	Lowell School <input type="checkbox"/>	Thomas Jefferson <input type="checkbox"/>	
	Whittier School <input type="checkbox"/>		

Office Use Only:

Fingerprint application completed Date _____

Sent to school Date _____