



**TEANECK BOARD OF EDUCATION**  
**Office of the Superintendent of Schools**  
**201-833-5498**  
**VOLUNTEER REGISTRATION**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Availability: Mornings       Afternoons       After School

Hours Available: \_\_\_\_\_

Days Available: Monday       Tuesday       Wednesday

Thursday       Friday

Preferred grade level \_\_\_\_\_

Preferred subject area and areas of interest \_\_\_\_\_

Please list your previous work and/or volunteer experience, including any work with children.  
 (If necessary, please continue on back of registration 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"/>		