



S.T.E.P (Student Teaching and Education Program) VOLUNTEER REGISTRATION FORM

Volunteer's Name: (First) _____ (Last) _____

Mailing Address: _____

Telephone: (Home) _____ (Cell) _____

Email: _____

Check if you are High School student volunteering for community service credits.

Name of School: _____ **Grade:** _____

School Counselor's Name: _____

Have you ever volunteered for community service elsewhere before? Yes No

If yes, please list below:

Check area(s) interested for volunteering:

Tutoring / subject(s) you can tutor: Math English Science Any subject

Monitoring

Administration (i.e. Registration)

In case of emergency, please contact:

Name: _____ **Phone:** _____

Volunteer Signature: _____ **Date:** _____

If you are High School student, Parent/Guardian signature is needed:

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____ **Relationship to Student:** _____

TEANECK UNITED METHODIST CHURCH

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