



Volunteer Registration Form

Thank you for your interest in volunteering for JA this year. Please help us with information to place you in the class of your choice.

- Yes, I want to be a JA volunteer!
- I would like more information first!

Name: _____

Company: _____

Address, City, Zip: _____

Preferred Phone: _____

E-mail: _____

1st Choice (If known or you can request for a general area & grade):

Teacher Name: _____

School/Area: _____

Grade/JA Program: _____

Semester Preference: (Circle one) **Fall** **Spring** **Either**, flexible to teacher's request

2nd Choice (If known or you can request for a general area & grade):

Teacher Name: _____

School/Area: _____

Grade/JA Program: _____

Semester Preference: (Circle one) **Fall** **Spring** **Either**, flexible to teacher's request

Return promptly to the JA office

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