



Teacher Request Form

*All information will be kept confidential and is for Junior Achievement purposes only.
JA Worldwide conducts annual random audits of volunteers and program participation.*

Date: _____ School: _____

*Teacher Name: _____

Teacher Email: _____ Home/Cell Phone: _____

Teacher gender: _____ Teacher Ethnicity: _____

**please note if name has changed*

Requested JA Program: _____

Grade: _____ Number of Students Enrolled in Class: _____ Special Needs? _____

Preferred Quarter for JA program (circle all that apply): 1st 2nd 3rd 4th Any

Preferred Class Time (flexibility is appreciated): _____

Junior Achievement programming is available to your students ONLY if a volunteer is available to teach the program to your class. Although JASC does recruit volunteers, JASC can not guarantee volunteer availability. To ensure the program is available to your class, your assistance in finding a volunteer is appreciated. Friends, family, involved parents, room parents, church groups and business associates make great volunteers. JASC provides all materials and training for participating volunteers.

Do you want the same volunteer, if available? Volunteer's Name: _____

Other interested volunteers you wish JASC to contact:

Name: _____ Phone/email: _____

Name: _____ Phone/email: _____

Room Parent: _____ Phone/email: _____

Please return to JASC by fax, email or mail:

JA of the Space Coast (321)751-4024 phone (321)751-4025 fax kschreiner@jaspacecoast.org
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