



# Teacher Participation Form

1575 Delucchi Ln, Ste. 207A, Reno, NV 89502  
Phone: (775) 323-8084 Fax: (775) 323-1035

Past Junior Achievement Teacher

New Junior Achievement Teacher

Name: Mr. Mrs. Miss. Ms. \_\_\_\_\_  
First Last

### SCHOOL INFORMATION:

School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### HOME INFORMATION:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Send Mail To: **Work** \_\_\_\_\_ **Home** \_\_\_\_\_ (Please check one)

### Program Selection: (Please Select a Program)

- |   |   |
|---|---|
| <input type="checkbox"/> Ourselves-Kindergarten     | <input type="checkbox"/> Our Region – Fourth Grade        |
| <input type="checkbox"/> Our Families-First Grade   | <input type="checkbox"/> Our Nation – Fifth Grade         |
| <input type="checkbox"/> Our Community-Second Grade | <input type="checkbox"/> Global Marketplace – Sixth Grade |
| <input type="checkbox"/> Our City- Third Grade      |   |

Grade Level: \_\_\_\_\_ Number of Students: \_\_\_\_\_ Track: \_\_\_\_\_ Start Month Preference: \_\_\_\_\_

Year-round school: Would you be interested in having the program during July/August: \_\_\_\_\_  
Yes No

Team-Teaching Classroom: Name of team teacher: \_\_\_\_\_  
(Only need one form per team)

Volunteer Preference: \_\_\_\_\_  
(If there is a specific volunteer that you would like in your classroom, please indicate their name above)

Please fill out this form completely

Constituent ID: \_\_\_\_\_