

After-School Tutoring Program Volunteer Application

Name							
First			Last				
Email							
Address							
Street					Apt./Fl.		
City		_State	Zip Code_		f a student	– Grade	
Home* #		Bus*.#		Ce	Cell*#		
	*Circ	cle the best wa	y to contact yo	ou			
Areas of Interest/ Experience							
math	_ algebra g	geometry	_ science	_ social studies_	writing _	vocabulary	
reading com	prehension	reading flu	ency <u>g</u> an	nes/sportsart	music _	Book Buddy	
 No Yes I received a No Yes I received a No Yes 	ı copy of the Disc	<i>rmation to Pa</i> ipline Policy	<i>rents</i> from th	e Department of Ch	nildren and Fa	amilies, Office of Licensing	
Signature							
Describe your know care/tutoring/ super		rience in the s	ubject areas	checked above and	your experie	ence with child	
Why are you interes	sted in volunteeri	ng for Succee	d2gether's Af	ter-School Tutoring	Program?		
How did you hear a	bout Succeed2ge	ther's After-So	chool Tutoring	g Program?			
	You must be a	vailable to atte	nd a 1 hour or	ientation/training ses	ssion - DATE: T	BD.	
Best Day/Time for the expectation is you Monday Tuesday 3:30.4:30	will tutor 2-3 stud Wednesday Thurs	ents one day a sday (check a	week through	out the academic yea)			

Return completed interest application to info@succeed2gether.org or mail to Succeed2gether, P.O. Box 1355, Montclair, NJ 07042. For more information call 973-746-0553 or 973-558-1283. After your interest form is received the Program Manager will call to arrange a phone conference or in-person meeting.