

Volunteer / Instructor Application

Name					
_	First	Last			
Email_					
Addres					
	Street		Apt. /Fl.	Apt. /Fl.	
City		State	Zip Code	Grade Level	
Home*	_	Cell*#			
Circle the best way to contact you					
Areas of Interest/ Experience					
	Math_Algebra_ Geometry_ Science_ Chemistry_ Biology_ Social Studies_ WritingVocabulary				
	Reading Comprehension Reading FluencyBook/Math Buddy				
1. • 2. • 3.	 No Yes I received a copy of the <i>Information to Parents</i> from the Department of Children and Families, Office of Licensing No Yes 				
Sig	nature				
	e your knowledge/work experienc sing youth.	e in the subject areas checked abo	ve and your experience wit	h child care/tutoring/	
Why are	e you interested in volunteering??				
How die	d you hear about Succeed2gether?				
Zoom (3:30-4: In Pers	y/Time for tutoring (Zoom and In po Only - Monday or Thurs 304:00-5:00 son Only - Tuesday or We 005:00-6:00 6:00-7:0	sdayednesday			

Number of students you would like to work with

Return completed interest application to <u>info@succeed2gether.org</u> 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 an zoom meeting.