

## 2023 - 2024 ASTP Volunteer Application

Name					
	First		Last		
Email					
Address					
City	Street	State	Zip Code	Apt. /Fl. If a student – Grade	
Home* # _	Bus*.# *Circle the best way to contact you		to contact you	Cell*#	
				Biology Physics Social Studies ling Fluency Book/Math Buddy	
<ul> <li>No</li> <li>Yes</li> <li>I red</li> <li>No</li> <li>Yes</li> </ul>	ceived a copy of the Posi	rmation to Par	<i>ents</i> from the Depa	rtment of Children and Families, Office of Lic	ensing
Signatur	re				

Describe your knowledge/work experience in the subject areas listed above and your experience with child care/tutoring/ supervising youth.

Why are you interested in working / volunteering for Succeed2gether's Summer Enrichment Program?

How did you hear about Succeed2gether's program?

You must be available to attend a 1 hour orientation/training session - DATE: TBD.

Circle best time(s) / day(s) to volunteer									
Monday 3:	:00 - 4:00 4:0	00 - 5:00							
Tuesday /	Wednesday	3:00 - 4:00	4:00 - 5:00	5:00 - 6:00					
Thursday4	4:00 - 5:00 5:	:00 - 6:00 6:	00 - 7:00						

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.