

A 2 Z MENTORING PROGRAM



www.a2zmentoring.org
Email:a2z@a2zmentoing.org
Phone: 609-213-8674

Community Based Literacy Organization

**You must be the change you wish to see in the world.
- Mahatma Gandhi**

VOLUNTEER REGISTRATION - AGE 18 AND BELOW **Fall 2011/Winter_Spring 2012/Summer 2012**

A 2 Z volunteers are welcome to mentor/tutor students from grade 1 through grade 12 on Literacy, Math, and Science. A2Z welcomes you to share your expertise with A 2 Z Mentoring Program.

Ms.

Mr. _____
(Last) (First) (Middle)

Address _____
(Street)

(City) (State) (Zip Code)

Phone # _____

E-mail Address _____

Teen Volunteer: _____ Grade: _____ Birth Day: _____ Birth Month: _____

Your School Name: _____

Interested to Join Mentoring Session: Fall 2011 ___ Winter/Spring2012 ___ Summer 2012 ___

Emergency Contact's Name: (Parents) _____

Parents Phone # _____

Please list a personal/professional reference:

1) _____
(Name) (Relationship)

(Phone #): _____

Please describe any experience you have working with young children. In addition, indicate any special skills, Fund raising skills, Writer Skills, Leadership skills and/ or life or work experiences that may be relevant to your participation as a A 2 Z volunteer. Describe if you would like to teach music, piano, guitar

etc.. OR like to teach Tennis, Chess ect. Any activity you will involve will be rewarded by community work hours.

Please indicate the type(s) of volunteer work you would prefer:

___ One-on-one /mentoring/tutoring with Grade 1 through Grade 12 students, Focusing on literacy, Math and Homework support.

___ Group Mentoring (more than 2 students)

___ SAT Preparation

___ Tennis ___ Piano ___ Guitar ___ Chess

What other organization, business, school etc. are you affiliated with?

How often would you like to volunteer?

___ 1 time per week ___ 2 times per week ___ Other

Please indicate day and time you will provide service (need 2 options)

___ **Tuesday (HCR Library) from 6:30pm to 8 pm (E W Twp, NJ)**

___ **Saturday (HCR Library) from 9:40am to 11:10am (E W Twp, NJ)**

___ **Saturday (HCR Library) from 11:15 am to 12:45pm (E W Twp, NJ)**

___ **Tuesday (Twin Rivers Library) from 6 pm to 7:30pm (E W Twp, NJ)**

___ **Wednesday (Twin Rivers Library) from 6 pm to 7:30pm (E W Twp, NJ)**

___ **Saturday (Twin Rivers Library) from 10am to 11:30pm (E W Twp, NJ)**

___ **Tuesday (Ewing Library) from 6:30pm to 8 pm (Ewing, NJ)**

___ **Thursday (The Lawrenceville School) from 6:30pm to 8 pm (Lawrenceville, NJ)**

By signing below I agree to honor my commitment to A2Z as indicated above. In the event of any emergencies I will make every effort to have a substitute volunteer, including but not limited to my parents or a suitably qualified person. I also agree to honor my **time** commitments to A2Z by being punctual and consistent in my attendance. I also agree to contact my supervisor via phone OR email for any emergency or needed assistance.

* *Please note that volunteer who habitually violate this agreement may be subject to measures including limited participation or removal.

Signature of Volunteer & Date

Volunteer's Email Address

Parents Name (Volunteers)

Parents Telephone Number

Parents Email Address

Signature of Parents

Date