



# Junior Achievement®

Dennis and Judy Jones Free Enterprise Center  
17339 North Outer Forty Road Chesterfield, MO 63005-1358  
636-728-0707 / 800-342-7119 Fax: 636-728-0708 /www.jastl.org

JA Program Manager: \_\_\_\_\_

**VOLUNTEER / CONSULTANT INFORMATION: (Please print)**

Preferred Contact:  Home  Work

Have you volunteered for JA of Greater St. Louis in the past?  Yes  No

(Mr.) (Ms.) (Mrs.): \_\_\_\_\_ Title: \_\_\_\_\_  
(Circle One) First Name MI Last Name

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-Mail (work/college): \_\_\_\_\_ E-Mail (home): \_\_\_\_\_

Firm/College (if applicable) : \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Firm Address: \_\_\_\_\_  
Street City State Zip

Circle Ethnicity\*: African-Amer. Alaskan Native Amer. Indian Asian Caucasian Hawaiian/Pacific Island Hispanic/Latino Multi-Racial



*Did you know that only \$25 will sponsor one child to receive the JA program? To make a donation, scan the QR code which will direct you to our JA support website page or indicate the amount below and a representative from Junior Achievement will contact you. Thank you!*

Yes, I would like to make a donation to JA of Greater St. Louis.  
 \$100  \$75  \$50  \$25  \$20  \$10  Other \_\_\_\_\_

Does your employer match donations?  Yes  No

Photo Release:  I Agree  I Disagree

1. In consideration of the opportunity to be videotaped and/or photographed, I hereby grant Junior Achievement of Greater St. Louis, Inc. the right to photograph and/or video-tape me. I grant Junior Achievement of Greater St. Louis, Inc. the irrevocable right and permission to:
  - a. Reproduce, use, reuse, publish, display, copyright, and distribute all media taken in which I might appear and in connection with any and all media now known or hereinafter developed.
  - b. I understand that the copyright to all media resides with Junior Achievement of Greater St. Louis, Inc.

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I hereby certify that I have never been charged with a crime of violence or a crime involving a child or young person, or, if I have, that I have fully disclosed in writing the facts regarding such a charge to the local Junior Achievement office. I also acknowledge that I have received and read the JA Volunteer Conduct Standards and JA Social Media Policy and agree to comply with these standards. (Note: The JA Conduct Standards and JA Social Media Policy can be found on the JA website at: <http://www.jastl.org/>)

\*\*\*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ **(Over: See Back for More Information)**

**For Office Use Only:** Trained By: \_\_\_\_\_ Date Trained: \_\_\_\_\_ Placed By: \_\_\_\_\_

**Volunteer:**  Business  Community  Parent  School Staff  College  Other: \_\_\_\_\_

**Delivery Method:**  Traditional  JA in a Day **Semester:**  Fall  Spring  Summer

**Board Affiliate:**  Yes  No **Whole School Sponsorship:**  Yes  No

**Please follow up with the teacher regarding program status:**  Yes  No  
If yes:  Two weeks from placement  Mid-Semester  Other: \_\_\_\_\_

**Class Assignment:** School: \_\_\_\_\_ Class Time: \_\_\_\_\_

Teacher: \_\_\_\_\_ Student #: \_\_\_\_\_

2015-2016 Grade: \_\_\_\_\_ JA Program Name (MS, HS and Exceptions): \_\_\_\_\_

# *Let Their Success Be Your Inspiration!*

Name: \_\_\_\_\_

**FOLLOW-UP FROM FRONT OF FORM:**

1. Are you a JA Alumni (Did you participate in JA while in school)?  Yes  No
2. JOB SHADOW - Would you be interested in hosting a student or teacher at your place of employment?  
 Yes  No
3. Would you be interested in learning more about JA special events?  Yes  No
4. Would you be interested in having JA in your child's school?  Yes  No

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

Teacher/Principal/Counselor: \_\_\_\_\_

5. Please contact me to teach JA again:  This Semester  Next Semester  Next School Year

6. Is there someone that you would recommend as a JA volunteer?  Yes  No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**For College Students Only:**

**College:                      Instructor:                      Day:                      Time:**

**Grade Preference:**

- Primary (K-3)  
 Intermediate (4-5)

Indicate which is more important to you:

- Grade Level  
 School/District

Check here if you would like to present to a second class:

- 2nd JA class

**PUT X's IN ALL BOXES YOU ARE AVAILABLE - AT LEAST ONE 2 HOUR BLOCK PER WEEK**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30 - 9:30					
9:30 - 10:30					
10:30 - 11:30					
11:30 - 12:30					
12:30 - 1:30					
1:30 - 2:30					
2:30 - 3:30					

**SCHOOLS/DISTRICTS:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Please select three areas where you would like to be placed, in order of preference (#1 being your first choice). If there is a certain school in the district that you prefer, please write that school's name here: \_\_\_\_\_.**

\* Demographic information collected by JA is used for statistical purposes only. It is not used for individuals, but used only in aggregate form. JA is a non-profit organization that applies for grants and funding from various entities. In these applications, we need to provide statistical information to demonstrate that JA reflects the diversity of the communities that we serve. We appreciate your assistance in ensuring JA's continued service to our children. For additional information, please visit <http://www.ja.org/about/privacy.shtml>.