

Please complete this form to update us on your current volunteer activities. *Thank You!*

Name _____ Preferred Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

My assignment and schedule are as follows:

School _____ District _____

Grade _____ Room _____ Teacher _____

Day(s) _____ Time _____

Please check the type of service you provide (check all that apply)

• **Instructional Support**

- | | |
|---|---|
| <input type="checkbox"/> Reading Tutor | <input type="checkbox"/> Read with student |
| <input type="checkbox"/> Writing Tutor | <input type="checkbox"/> Check student work |
| <input type="checkbox"/> Math Tutor | <input type="checkbox"/> Help students during teachers' lessons |
| <input type="checkbox"/> ESL (English as a Second Language) Tutor | <input type="checkbox"/> Other _____ |

Do you work with a student who speaks another language? Yes No

If yes, which language(s) does the child speak? _____

• **Non-Instructional Support (check all that apply)**

Outside of Classroom

- I work in the school office.
- I help at lunch/line-up.
- I work in the school library.
- I assist with PA activities.
- Other _____

In Classroom

- I help with bulletin boards.
- I hand out papers.
- I run errands for teachers.
- I distribute supplies/paperwork.
- Other _____

• **What percentage of your time as a Learning Leaders volunteer is spent doing the following:**

Instructional Support _____%

Non-Instructional Support _____%

Please return by **MAIL**, or **FAX** to: _____ at (212)-213-0787.

Program Coordinator