



Port Washington
Education
Foundation

VOLUNTEER REGISTRATION FOR PWEF CLASSROOM RESOURCE GUIDE

Name: _____

Address: _____

Telephone Number: _____

Work Email: _____

Skills willing to share with classes in the P.W. School District (please mention if you would prefer to work with students of a certain age):

Did you develop the skills professionally or as a result of a hobby?

Professionally Hobby

Do you have experience teaching at any grade level in public, private or religious school?

YES NO If yes, what age? _____

How extensive? _____

Were you a regular participant in career days at your child's elementary school?

YES NO

Do you have other experience with children? YES NO

Details: _____

Would you plan to utilize visual aids or other teaching techniques? YES NO

Details: _____
