

We CARE

A Dropout Recovery Initiative
of the Austin Independent School District

VOLUNTEER REGISTRATION FORM

Name: _____

Mailing Address: _____
City, State, Zip

Daytime # _____ Cell # _____

Email Address: _____

Bilingual? _____ Language _____



PLEASE INDICATE YOUR TRAINING PREFERENCE

You need only attend one 30-minute training session. Please indicate your training preference by marking the session below. **Note:** Training locations have not been determined. You will be notified of your training location using the contact information provided above.

July 27	July 28	July 29	July 30	July 31
12:00 – 12:30	12:00 – 12:30	12:00 – 12:30	12:00 – 12:30	12:00 – 12:30
July 27	July 28	July 29	July 30	July 31
6:00 – 6:30	6:00 – 6:30	6:00 – 6:30	6:00 – 6:30	6:00 – 6:30

PLEASE INDICATE THE SCHOOL (S) FOR WHICH YOU WOULD LIKE TO VOLUNTEER

- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Any School | <input type="checkbox"/> Crockett | <input type="checkbox"/> McCallum |
| <input type="checkbox"/> Akins | <input type="checkbox"/> Eastside Memorial | <input type="checkbox"/> Reagan |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Garza | <input type="checkbox"/> Travis |
| <input type="checkbox"/> Austin | <input type="checkbox"/> Lanier | |
| <input type="checkbox"/> Bowie | <input type="checkbox"/> LBJ | |

PLEASE RETURN THIS COMPLETED FORM BY JULY 10, 2009 VIA

EMAIL

dropoutprevention@austinisd.org

FAX

512.414.0284

OR MAILING ADDRESS

AISD Office of Dropout Prevention, 1111 West 6th Street, Austin, TX 78703

For more information, contact the Austin ISD Office of Dropout Prevention
dropoutprevention@austinisd.org • 512.414.0324