MAKE A DIFFERENCE WISCONSIN INC
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MILWAUKEE, WI 53203
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WWW.MAKEADIFFERENCEWISCONSIN.ORG

Instructor Information Form

I am interested in teaching the MAD-WI Financial Literacy program. I understand that I will be given ample training and materials to enable me to effectively deliver the program.

Please Print

Name: _____
First Middle initial Last

Company / Business: _____

Title / Department: _____

Office: Address: _____

_____

Preferred Phone: _____

Preferred E-mail: _____

High School attended (if local):_____ **Race/Ethnicity:** _____

Teaching Time Preference (circle one or both) MORNING AFTERNOON

Teaching Day of Week preference (circle) ANY MON TUE WED THU FRI

Bilingual? No Yes If yes, language(s): _____

Any other relevant information that will assist MAD-WI with matching you to a school:
(Do you prefer to be matched to a school near your home or office? Are you interested in working with a challenging group or in an alternative high school? Do you prefer to work with a college bound classroom? What is the best time of the school year for you to volunteer? etc.)

_____

_____

Do you prefer to work alone or with a partner? (circle) ALONE PARTNER
If partnering, please let us know who you will partner with or if you want MAD-WI to identify a partner for you.

_____

How did you learn about this opportunity? _____

As a condition of volunteering, I give permission for MAD-WI to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I hereby release and agree to hold harmless from liability MAD-WI, Inc, the officers, employees and volunteers thereof, or any other person or organization that may provide such information.

Applicant Signature _____ Date _____

Date of Birth _____