Name of organization: Nelson Avenue Middle School

Address(es):

Telephone: 538-2940  Fax:

Web site: ____________________________________________________________

Mailing address (If different from above):

____________________________________________________________________

____________________________________________________________________

Contact person: Rita Smith

Title:

Telephone (If different than above): ex. 109  E-mail address: ________________

Office Hours: ___________________________  Best time to call:

Please indicate if your agency is a:

________ Government agency  or  501C3 # ________________________________

Purpose of agency:

Population/ages served:

Area served:

Agency expectations of students (duty/attitude description):

Any previous experience or qualifications required:
Describe any volunteer supervision:

Possible ways Butte College students could serve your organization/clientele:

* Tutor in Math, science, history & language arts
  * *
  * *
  * *
  * *

Days/times available for volunteers: Number of students (per day or shift):

7th Grade- 12:00 – 2:30
6th Grade- 8:00 – 10:40  or all day

Unlimited

Available for job shadowing?  yes  no

Minimum commitment length:

One-time event or on going:

Orientation/training requirements:

Special needs/requirements: