PARTNERSHIP-IN-EDUCATION

EMPLOYEE INTEREST SURVEY FORM

PROGRAM CHOICE:

BOWEN
WOODSON

NAME _____

OFFICE PHONE _____ RM#_____ E-MAIL _____

POSITION _____ OFFICE SYMBOL _____

BOWEN SUB-COMMITTEES (MARK BOX)

- TUTORING SUB-COMMITTEE*
- MENTORING SUB-COMMITTEE
- LOGISTICS SUB-COMMITTEE
- EXPLORER SUB-COMMITTEE
- ADMINISTRATIVE SUPPORT SUB-COMMITTEE
- SPECIAL PROGRAMS AND EVENTS SUB-COMMITTEE

WOODSON PROGRAM AREAS

- BOATING CLUB
- RESOURCE LECTURERS
- EXCURSIONS ESCORTS
- MENTORING PROGRAM
- EDUCATIONAL OPPORTUNITY PROGRAMS

*TUTORING SUB-COMMITTEE (PLEASE COMPLETE)

WHAT GRADE(S) DO YOU PREFER TO TUTOR? (K-6) _____
SUBJECT MATTER: MATH READING SOCIAL STUDIES
SCIENCE HISTORY GEOGRAPHY

AVAILABILITY DATES FOR PROGRAM INVOLVEMENT: _____
(FROM-TO)

SUPERVISOR'S SIGNATURE: _____TELE: _____
REQUIRED

COMMENTS: _____
_____

Print out form and return hard copy of form to:
Luther Rhone, HSC-eo, RM B424