

VOLUNTEER ASSIGNMENT FORM

School: _____ **Visit Date:** _____

Teacher: _____ **Visit Time:** _____

Note: If attending JA BizTown for more than one on-site simulation day, please complete a separate Volunteer Assignment Form for each visit.

Business

Volunteer Name

Ag Center Name: _____

Bank (2) Name: _____

Name: _____

Café Name: _____

City Hall (2) Name: _____

Name: _____

Communications Name: _____

Delivery Center Name: _____

Factory Name: _____

Health & Wellness Name: _____

Municipalities Name: _____

(continued)

Newspaper (2) Name: _____

Name: _____

Professional Office (2) Name: _____

Name: _____

Radio Station Name: _____

Sports Shop Name: _____

Variety Shop Name: _____

Note to teacher: Please make copies of this form, as needed.