



# JA BizTown Volunteer Information Volunteer Assignment Form

Teachers: Please scan or fax (503-233-3811) this completed form to JA BizTown staff.

School \_\_\_\_\_ Visit Date \_\_\_\_\_

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

Business	Volunteer Name	Training Complete
Allstate Insurance	Name _____	_____
	Name _____	_____
BZTV (Requires 2)	Name _____	_____
	Name _____	_____
Café	Name _____	_____
	Name _____	_____
City Hall	Name _____	_____
	Name _____	_____
Comcast	Name _____	_____
	Name _____	_____
Community Wellness Center	Name _____	_____
	Name _____	_____
Construction Company (Requires 2)	Name _____	_____
	Name _____	_____
Gas & Electric Company	Name _____	_____
	Name _____	_____
International Sign Company	Name _____	_____
	Name _____	_____



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KeyBank	Name _____	_____
	Name _____	_____

Kidder Mathews	Name _____	_____
	Name _____	_____

Northwest Sports	Name _____	_____
	Name _____	_____

onsemi	Name _____	_____
	Name _____	_____

Oregon Humane Society	Name _____	_____
	Name _____	_____

Pacific Office Automation	Name _____	_____
	Name _____	_____

The Mercantile	Name _____	_____
	Name _____	_____

Unitus Community Credit Union	Name _____	_____
	Name _____	_____

UPS	Name _____	_____
	Name _____	_____

Walmart	Name _____	_____
	Name _____	_____

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