



San Joaquin County Historical Museum  
Valley Days/Partner Project  
**NEW TEACHER APPLICATION**

Application for year \_\_\_\_\_

Name of Teacher \_\_\_\_\_ Home Phone \_\_\_\_\_

(NOTE: Each teacher that plans to participate this year must apply, even if they are coming with another teacher)

Home Address \_\_\_\_\_ City & Zip \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Number of Students in class \_\_\_\_\_ Grade \_\_\_\_\_

Will more than one teacher attend the same Valley Day?    Yes                      No

If yes, name(s) \_\_\_\_\_

1. What means will you use for recruiting an adequate number of volunteers to assist with this project? (Group leaders, resource persons, activity center leaders)

2. Describe your resources for providing necessary materials and financing miscellaneous expenses.

3. Note any other factors you may wish us to consider in the evaluation of your application.

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Keep a copy of this application for your records and submit the original to:

**Valley Days/Partner Project  
SJCHM Education Department  
P. O. Box 30  
Lodi, CA 95241  
or FAX to (209) 331-2057**