

**OEF CAREs**  
**(OEF Community Adults as Resources for Education)**

Last Name:  First Name:

Address:

Phone:  E-mail:

Education and Certifications

Work Experience or Speciality

Areas of Interest

Travel Experience

Hobbies

Available to Faculty by: (check all that apply)

Phone  E-mail  In Person

Age Group I am comfortable working with: (check all that apply)

Grades K-3  Grades 4-6  Grades 7-8  Grades 9-12

Categories I am interested in: (check all that apply)

Science  Mathematics  Business  Technical Education

Social Studies  Language Arts  Family & Consumer  Visual or Performing

Community Service

Comments