



ROOMMATE

A Voluntary Participation Program

Name: _____ Date: _____

Address: _____

E-Mail: _____

Contact Phone: Home: _____ Hours: _____

Cell: _____

Work: _____ Contact at Work?: yes no

Assigned School: _____

Move-In Date: _____

Preferences

Location: North South East West

Northeast Northwest Southeast Southwest Other: _____

Type of Unit: Apartment House Other _____

Rental Range: \$300-\$400/month \$500-\$600/month \$700+/month

Gender Preference: Male Female

Other: No Pets Pets No Preference

No Smoking Smoking No Preference

Comments/Interests/Hobbies: _____

The Clark County School District assumes **no responsibility** for character references or other endorsement of employees participating in the roommate program. All participants do so voluntarily and assume full responsibility for any arrangements made with one another.

Please mail to:

**New Teacher Welcome Center
Clark County School District
Curriculum and Professional Development Center
3950 S. Pecos-McLeod Suite 2-I
Las Vegas, NV 89121**

or fax to (702)799-1097

For further information, call the New Teacher Welcome Center at (702)799-1092.