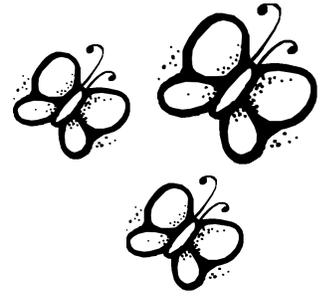


Volunteers



Volunteer's Name _____

Child's Name _____

Phone Number _____

Would you be willing to volunteer on a regular basis (weekly, bi-monthly, etc.) in the classroom? _____

How often would you like to help? _____

How much time (one hour, two hours, etc.) would you like to spend in our classroom each time you come? _____

What are the best days for you to come? Please put a check mark next to the best day for you to come. If more than one day works for you, please write "first choice" or "second choice" etc. next to those days.

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

If you cannot help regularly, would you like to be called to help out with special events (field trips, class parties, the country fair, etc.)? _____

What would you like the children to call you? (Mrs. Jones, Miss Heidi, Bob Mary, etc.)

Do you enjoy gardening? We often need parents to help the children plant and tend our gardens. _____

Do you or any other family members have any other skills you would like to share? _____

Would you be comfortable helping the children with a simple computer game? _____