

VOLUNTEER FORM

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Phone Number:

Phone Number:

(H): _____

(H): _____

(W): _____

(W): _____

(C): _____

(C): _____

Occupation: _____

Occupation: _____

Child(ren)'s Name(s)

Grade(s) in Fall 2010

Throughout the year there are many opportunities for parents/guardians to volunteer as well as to assist teachers with classroom projects and field trips. Please put your initials next to the activities of which you would be interested in participating.

___ Room Parent Coordinator

___ Fundraising

___ Room Parent

___ Parent Education

___ Office Assistance

___ Substitute Teaching

___ School Directory

Grade Range:

Days and Times:

___ Parent Coffees

___ Classroom Teaching

Grade Range:

___ Host Grade Level Parent's Social

___ Guest Instructor

___ Holiday Activities

Subject:

___ Tikkun Olam/Social Action

___ Other: