

Parent Volunteer Opportunities

Volunteer's Name _____

Child's Name _____

Phone Number _____

Email _____

I would like to volunteer to help:

- | | |
|---|---|
| <input type="checkbox"/> Copy | <input type="checkbox"/> Work with small groups |
| <input type="checkbox"/> Laminate | <input type="checkbox"/> Work with individuals |
| <input type="checkbox"/> Cut/Paste | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Organize parties | <input type="checkbox"/> At home projects |
| <input type="checkbox"/> Book orders | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Bulletin Boards | |

These days work best for me:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

