

# 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

