

Parent Volunteer Sign Up

WE WOULD LOVE TO HAVE YOU VOLUNTEER TO WORK IN OUR CLASSROOM! PLEASE SEND THIS BACK WITH YOUR CHILD IF YOU WOULD LIKE TO HELP. 😊

Volunteer Name: _____

Phone Number: _____

Email: _____

Student's Name: _____

Circle your answers

Days Available: M T W Th F

Times Available: AM PM

I am interested in:

___ Organizing classroom celebrations

___ Small group tutoring

___ Prepping materials for student projects (cutting, tracing, etc)

___ Other: _____