

Volunteer!!

Students' Name: _____

Name of person who will be volunteering: _____

Please check all that apply.

1. I am interested in:

- | | |
|---|--|
| <input type="checkbox"/> Office work (copying, stapling, cutting) | <input type="checkbox"/> Classroom events |
| <input type="checkbox"/> Completing things at home | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Mystery reader (only on Fridays) | <input type="checkbox"/> Send in donations |
| <input type="checkbox"/> School Events | |

2. I can come in:

- Mornings
- Afternoons
- Specific time _____

3. The days that work best for me are:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

If you have any comments or questions, please write them on the back of this sheet.
Thank you!

4. Please list anything you think of that can help our classroom:
