

Classroom Volunteers

Child's Name: _____

Teacher's Name: _____

Volunteer Name: _____

Phone number(s): _____ Best time to call:

Days of the week & times available:

Mon _____ Tue _____ Wed _____

Thu _____ Fri _____ _

_____ **Weekly Volunteer** - will include assisting children in the library, helping younger children with arts/crafts and paired reading.

_____ **Occasional Volunteer** – may include assisting with school tours, events in the school and fundraising events.

_____ **Recommend a volunteer** – are there others in our community who may not have children in the school but who may be interested in volunteering. Please include their name/contact details and we will ask them to help.