



## Volunteer Information Form

Name: \_\_\_\_\_ Parent/Guardian of: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Educational background: \_\_\_\_\_

**How many hours per week would you like to volunteer?** 1-2 3-5 6-9 10+ Other: \_\_\_\_\_

**What are your preferred hours?** Morning Lunch Afternoon Evening Weekend

**What days of the week are you available?** M T W Th F Sat

**In what capacity would you like to volunteer? Circle all that apply.**

Office help Lunch/recess Special events Chapel speaker After-school clubs

Teaching a special class (Music, Art, PE, Library, Spanish, Computers) Tutoring Teacher's Aide

Custodial Parent Association Driver Other: \_\_\_\_\_

**Do you have any special skills or interests that you would like to utilize in your volunteering?**

\_\_\_\_\_

All volunteers must sign the Statement of Faith and Volunteer Commitment Form and submit to a background check.