

School Volunteer Information Form

Date: _____

Name: _____

Address: _____

Phone Number: _____ (Home) _____ (Cell)

Child (ren)'s name:

Teacher's name:

_____ 331 _____

Please circle the duties that you are willing to perform:

- Popcorn Wednesdays
- Classroom Celebrations
- Fall Festival
- Fall Book Fair
- Spring Book Fair
- Field Day
- Reading Night
- Math Night
- Reading in the classroom