

## SPIRIT SHOP VOLUNTEER INFORMATION

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CELL PHONE #:** \_\_\_\_\_

Would you like to be a:

- a) **REGULAR VOLUNTEER** (every other week) **OR**
- b) **SUB LIST** (as needed)

\*Do you prefer:

- a) **MORNING** (745am-1145am)
- b) **AFTERNOON** (1130a-330p)
- c) **EITHER**

\*Days available to volunteer (please check/circle any available days)

- a) **MONDAY**
- b) **TUESDAY**
- c) **WEDNESDAY**
- d) **THURSDAY**
- e) **FRIDAY**

\*Graduation Year of your son(s) \_\_\_\_\_