

Classroom Volunteer Form

If you would like to volunteer in our classroom this school year, please return this form and I will reach out to you with further details. We have a preset day of Wednesdays and a 2-hour block of volunteer time for that day. Please check or complete the form below:

_____ I am able to come in on a weekly basis to volunteer. Our designated volunteer day is Wednesdays. My preferred time is _____ to _____.

_____ Send work home for me to do. I can cut, glue, and organize!

_____ I am available to come read to the class at least once this school year or volunteer during a special Head Start school event.

_____ I am interested in chaperoning on field trips.

Your Name: _____

Student's name: _____

Your relation to student: _____

Preferred means of communication: _____