VOLUNTEER SURVEY FORM

Name:_________________________________ Phone:___________________________________
Email:________________________________________________

I WOULD LIKE TO: (please check)

_____ Assist in the Classroom  ____ Work with small groups of children
_____ Work with an individual child/adult  ____ Work in the media center
_____ Work in the health room  ____ Make posters and displays
_____ Prepare instructional materials  ____ Assist in the lunchroom
_____ Assist on the playground  ____ Assist with computer instruction
_____ Assist in vocational/academic areas  ____ Clerical Work
_____ Speak to classes on my specialty, which is: ________________________________
_____ Other: (Please Specify) ________________________________

I CAN HELP:

_______ At Home  _______ At School

I AM AVAILABLE:

_______ (hrs.) Once A Week  _______ (hrs.) Twice A Week
_______ (hrs.) Daily  _______ (hrs.) Other _______

If possible, indicate the times you are available to volunteer: For example: 9:00 to 11:00 a.m.

Available Time: Morning Afternoon Evening

_____________________________________________
Monday
_____________________________________________
Tuesday
_____________________________________________
Wednesday
_____________________________________________
Thursday
_____________________________________________
Friday