

Volunteer Form

Name: _____

Mailing Address: _____

Home Phone: _____

Email Address: _____

Available Start date: _____ Certified in First Aid/CPR? YES NO

Emergency Contact (Name, Relation, Phone): _____

1.) **Grade Preference(s)** (circle all that apply):

PRIMARY (K-3)	INTERMEDIATE (4-5)	MIDDLE (6-8)	HS (9-12)
Broadwater	Bryant Central Kessler	Helena Middle	Capital High
Four Georgians	Hawthorne Jefferson	CRA Middle	Helena High
Jim Darcy	Rossiter Smith Warren		PAL

2.) **Area(s) of Interest** (circle all that apply):

Classroom/small group assistance	Mentoring	Tutoring	Special Events	Sporting Events
Speech/Debate	Guest Speaker	Music	Theatre	Clerical
Peak/Gifted & Talented				Parent Council

3.) **Experience:** Please list any previous paid/volunteer experience with students.

4.) **Availability** (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School							
Morning							
Lunch							
Afternoon							
After School							
Special Events							

5.) **Child/Children's Name/School/Classroom** (if applicable):

Name: _____ School: _____ Classroom: _____

Name: _____ School: _____ Classroom: _____

Name: _____ School: _____ Classroom: _____

