

## BALD EAGLE AREA ELEMENTARY VOLUNTEER FORM

Name: \_\_\_\_\_ Child's School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Please list the names of children attending Bald Eagle Area Elementary Schools:

NAME	GRADE	TEACHER

Special Skills (art, music, sewing, technology, etc.): \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Days of the week you are available:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

\_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Check the type of volunteer work you wish to do:

\_\_\_\_\_ Work with groups of children

\_\_\_\_\_ Clerical or library work

\_\_\_\_\_ Individual student tutoring

\_\_\_\_\_ Substitute for regular volunteer

\_\_\_\_\_ Share a hobby or talent

\_\_\_\_\_ Assist students with the computer

\_\_\_\_\_ Accompany class on field trips

\_\_\_\_\_ Assist teacher with celebrations/special events

\_\_\_\_\_ Assist with special events in the building

Have you been a volunteer before? \_\_\_\_\_ If so, for whom?

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Additional Information or Comments: