

Volunteer Application



Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ - Home () _____ - Cell _____

E-Mail _____

Your Student's Name: _____

Your Student's Grade: _____

Availability

During which hours/days are you best available for volunteer assignments? _____ **Anytime**

_____ Morning	_____ M	_____ T	_____ W	_____ R	_____ F
_____ Afternoon	_____ M	_____ T	_____ W	_____ R	_____ F
_____ Evening	_____ M	_____ T	_____ W	_____ R	_____ F

Interests

Tell us in which areas you are interested in volunteering

_____ **Classroom Volunteer-Assist Teachers with Parties/Field Trips, Etc.**

_____ **Library Volunteer**

_____ **Fall Outing - Monday, October 13th**

_____ **Christmas Shoppe - December 3-5 (Wednesday-Friday) - Need Helpers & Gift Wrappers!**

_____ **Chili Cook-Off - Friday, March 20th**

_____ **Teacher Appreciation Week - May 11th - 15th**

_____ **Prechool/Kindergarten Graduation - Tuesday, May 26th**

Becoming a PTC Committee Member or Head an Event During the School Year

_____ Possibly interested - Would like more information

_____ Definitely Interested

Comments/Suggestions _____

Please return to the CCS Office!!

Thank you for completing this application form and for your interest in volunteering with us!