

Parent Volunteer Form

Contact Information	
Parent's Name	
Child's #1 Name and Grade	
Child's #2 Name and Grade	
Child's #3 Name and Grade	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Availability	
Please indicate below the days and hours of the week you're available for volunteer assignments?	
Monday_____	Thursday_____
Tuesday_____	Friday_____
Wednesday_____	<i>Saturday: _____</i> <i>Note: Weekends are scheduled only if a special project is taking place. Please check with Ms. Karine for more information.</i>

Interests	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Administration	
<input type="checkbox"/> Events	
<input type="checkbox"/> Field work	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Deliveries	

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Agreement and Signature

By signing this form, I affirm and understand that as per the ISB Parent Handbook. I am to complete forty (40) volunteer hours.

If they are not completed by May 15th I will be charged \$10 per hour.

Name (printed)	
Signature	
Date	