

Parent(s) or Guardian(s): _____

Student Name: _____ Grade: _____

School: _____

Address: _____

Email: _____

Home Telephone Number: _____ Other Number(s): _____

In what way are you able to donate your time?

VOLUNTEER SCHEDULE

PLEASE FILL IN DATES* AND TIMES* YOU ARE AVAILABLE TO VOLUNTEER

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
Morning							
Afternoon							
Evening							
Anytime							

*Please note that workshop dates and times are listed on the registration form.

Any additional information you would like us to know?

**THANK YOU VERY MUCH
WE KNOW HOW VALUABLE YOUR TIME IS, AND WE GREATLY APPRECIATE ALL YOUR HELP**