



SCHOOL VOLUNTEER SERVICE

Due to the demands of today, we realize how much we must depend upon you to assist us. We ask you to give of your time, talent and training. A voluntary service list is printed here for this purpose. Please note where you can be of service and return it to school **by Wednesday, August 25, 2010.**

Name: _____

Phone: _____

I will be willing to assist in the following:

Aides: Health Program _____
(Vision and Hearing Screening)

Classroom Projects _____

Learning Center _____
8:00 – 9:45 one or more days / week.

_____ Choice of day /days (M-F)

Tutorial _____ Choice of time
_____ Choice of days (M-F)

Speakers _____ Topics or Specialties
