

CHURCH SCHOOL VOLUNTEER INFORMATION FORM

I am interested in participating in the Church School Volunteer Program.

Name: _____

Home phone number: _____

Best time to call you:

Please state the days and times available for volunteering:

Name of your child(ren) and grade level:

Areas of Volunteering: (Please check areas in which you could help your classroom teacher(s))

- Children Teaching Children Program (7-8 Grades)
- Church School Family Picnic
- Driving for Field Trips
- Holy Friday Program (Preschool-6th Grades)
- Help With Cultural/Tradition Sundays
- Luncheon Committee
- Making Educational Materials ____ at Home ____ at Church
(bulletin boards, visuals, cut & paste etc.)
- Oratorical Festival (5-12 Grades)
- Video Record the School Year (Special Events)
- Willing to help in the Classroom
- Anything for the Good of the Cause

Please return to the Church Office or the Church School Director _____