



Volunteer Form

We welcome parent and community volunteers at the Jackson School. If you are available to spend some time with us, please complete this form and return it to the school. Thank you very much!

Volunteer's Name

Address

Phone Number

Child's Name

Grade

Teacher

Please indicate your interest:

- | | |
|---|---|
| <input type="checkbox"/> Classroom Volunteer | <input type="checkbox"/> Parent Room/Literacy Bag Volunteer |
| <input type="checkbox"/> Reading to children in the classroom | <input type="checkbox"/> Reading Buddy |
| <input type="checkbox"/> Playground/Cafeteria Volunteer | <input type="checkbox"/> Room Mother/Father |
| <input type="checkbox"/> Field Trip Chaperone | |

Email Address: _____