

Student name: _____



Helping Hands



Parent Volunteer Information

Parent Name: _____ Phone number: _____

Email address: _____

How would you like to help? (please check all that apply)

- Copy Room Volunteer:** assists in running copies for classroom teacher.
- Read Aloud Volunteer:** brings book(s) from home to read aloud to the class on scheduled days.
- Publishing Volunteer:** assists students in publishing writing drafts into books.
- Poetry Volunteer:** listens to students recite poetry for incentives (Fridays only)
- Small Group Volunteer:** assists students in the classroom during independent station activities.
- Take It Home Volunteer:** assists classroom teacher with projects at home such as cutting, stapling, sorting, assembling, etc.
- Special Event Volunteer:** attends class parties or special functions and/or chaperones field trips.

If you checked any volunteer opportunities that require you to be at school to help, please list time(s) & day(s) you will be available.
