



~ Love for God & Others, Joy in All Things, Truth found in the Bible ~

PARENT VOLUNTEER QUESTIONNAIRE

Your Name: _____ Your Child's Name: _____

We have the following parent volunteer needs. Please check the one(s) you would be most interested in helping with.

- | | |
|--|--|
| <input type="checkbox"/> Volunteering for Special Events | <input type="checkbox"/> Helping Plan Events |
| <input type="checkbox"/> Substituting for Teachers | <input type="checkbox"/> Driving for Field Trips |
| <input type="checkbox"/> Carpentry/Building Projects | <input type="checkbox"/> Making Snacks |
| <input type="checkbox"/> Organizing Fundraisers | |

1. My special skills/talents are:

2. I am *usually able* to volunteer on these days and times:

3. I am *unavailable* during these times:

4. Other services, goods and/or contributions I can make include:

Thank you! We are grateful for your time and talents!