



VOLUNTEER FORM

First Name _____

Last Name _____

Email _____

Cell Phone _____

Availability

Please place an X in each box for the days/times that you are available.

	M	T	W	Th	F
8:15 – 12:00					
12:00 – 3:00					

Volunteer Activities

Please place an X beside each activity for which you would like to volunteer.

____ Make copies for teachers

____ Read to a Class

____ Assist with Special Events

____ Assist with lunchtime

____ Security Team

All Volunteers will be required to undergo a background check.

“Each of you should use whatever gift you have received to serve others, as faithful stewards of God’s grace in its various forms.” –

1 Peter 4:10