



Volunteer Form

_____		_____	
First Name		Last Name	

Student's Name(s)			
_____		_____	_____
Address		City	State/Zip
_____		_____	_____
Home Phone		Cell Phone	Work Phone

Areas to Volunteer

Classroom/Library Breakfast/Lunch Reading Buddy

Field Trips Other

Please specify the days that you are available and willing to volunteer.

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon

**Please return completed forms to Tricia Chavis, Parent Liaison or
Regina Edwards, Office Manager.**

**The Point thanks you in advance for your cooperation, time and effort. If you have any questions
please call our office at 336-884-0131.**