



Working together to help young minds grow

POSSE VOLUNTEER FORM

VOLUNTEER NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____

List your child(ren)'s name(s) and teacher(s):

1. _____ Teacher _____

2. _____ Teacher _____

3. _____ Teacher _____

I am able to help with the following types of activities (please circle):

General classroom support

Library support

Open house door greeter (October)

Computer learning activities

Serving lunch to READATHON winners (April)

Art projects

Regular, repeating assignments make it easier for the teacher and the POSSE volunteer to become accustomed to each other, eliminating the need for repeated instructions. Typical assignments are weekly or monthly.

I am able to volunteer at school (please indicate AM for morning or PM for afternoon):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

My schedule varies, but you may call me as needed to help fill in: **YES** **NO**

Please keep in mind that no siblings of students may accompany you during this time.

Please return this form to your child's teacher in an envelope marked POSSE.