

Sunny Hollow Montessori 2008/ 2009



Sunny Hollow
MONTESSORI

“Together, everyone accomplishes more”

Volunteer Information Form

Name(s): _____

Home Phone: _____ Work Phone: _____

E-mail Address(es): _____

What is your preferred method of contact? _____

Please check the categories below for which you would like to spend your volunteer time.

- | | |
|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Handy person | <input type="checkbox"/> Classroom substitute |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Classroom environment support |
| <input type="checkbox"/> Committee Work | <input type="checkbox"/> Office/ Technical |
| <input type="checkbox"/> Host a Parent Coffee | |

Please indicate any special areas of interest you have with respect to volunteering your time: _____

Do you have professional skills, benefits, or interests that you would like to share with the Sunny Hollow Community through volunteering? Please explain: _____

