

I am interested in volunteering for grades: (circle all choices)

K-5

6-8

9-12

My Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

My children's names and grades:

\_\_\_\_\_  
\_\_\_\_\_

Best time to call \_\_\_\_\_

Area of training \_\_\_\_\_

I would like to volunteer as:

\_\_\_\_ Reading Tutor (please circle grade level above)

\_\_\_\_ School nurse aide (vision/hearing screening and scoliosis screening)

\_\_\_\_ Kindergarten screening

\_\_\_\_ Book fair helper

Days and hours I am available to volunteer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Thank you for volunteering at Osnaburg Local Schools. Please return this sheet to your child's teacher or any school office. If you have any questions please call the school at 330~488~0392