



VOLUNTEER FORM

Please fill out the form below if you are interested in becoming a volunteer for Four Seasons Childcare & Preschool school year. As events are scheduled you will be contacted to see if you are available for the event. **You are not automatically scheduled because you have filled out this form.** If you have any questions please feel free to stop by the office.

NAME: _____

H Phone: _____ C Phone: _____

Email: _____

Child's Name: _____

I am interested in volunteering the following capacity:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Parent's Association | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Special Lunches | <input type="checkbox"/> Other |
| <input type="checkbox"/> Special Events | |

Signature: _____ Date: ____/____/____