



## 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"/> Box Tops Program     |                                      |
| <input type="checkbox"/> Special Events       |                                      |

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_