



Abraham Lincoln Elementary School
Adult Volunteer Response Form

Volunteer's Name _____

Address _____

City and Zip _____

Home Phone _____ Work / Cell Phone _____

E-mail _____

The best time for the volunteer coordinator to contact me is:

Child's Name:

First Name	Last Name	Grade / Teacher

- I wish to work only in my child's class.
- I would be able to prepare materials at home.
- I am willing to work in another classroom, if needed.

Days / times I am able to volunteer:

Do you know anyone else who wants to volunteer at school? (e.g. grandparents, neighbors)

- Yes, _____.
- No.

PLEASE NOTE: All volunteers must fill out a **Disclosure Statement** annually to ensure safety in our school before volunteering in the classroom.

Please return to the office at
 Abraham Lincoln Elementary School

Thanks for Being a Volunteer!