



Be A Corkran Volunteer

Name _____ Phone No. _____

Address _____

Child _____ Teacher/Grade _____

Email Address _____

Please write neatly we will be using email to send out requests for volunteers.

Occupation _____ Second _____ Grades _____
 Language _____ Preferred _____

Weekly Volunteers: Check the days and hours you can serve:

	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M.					
P.M.					

Best day to volunteer _____ in the _____ A.M. _____ P.M.

Choice of Assignment (Check all that apply):

- AVID Tutor (Ms. Kidd)
- Volunteer in Classrooms (_____ teacher)
- Assist with Vision/Hearing Screening
- Assist with Student Pictures
- Assist with Newsletter
- Assist with Copying and Laminating
- Assist with Lunch Monitoring from 10:15am-12:45pm
- Assist with School Store Wed & Fri from 10:15am-12:45pm
- Assist with PBIS Projects
- Assist with Bulletin Boards
- Assist with Sewing in Family and Consumer Science (FACS)
- Chaperone Dances

___ Assist with Box Tops

___ Assist with Book Fair

___ Assist with Functional Life Classroom - Special Ed Class (Ms. Edwards/Mrs. Dale)

___ Serve on School Improvement Committee

Please fill out and return to Ms. Avery. Thanks! Any questions please email Denise Roseberry - deniseroseberry@hotmail.com