



Volunteer Coordinators:
 Jen Ahlstrom - ahlmommy@gmail.com
 (585) 943-5011
 Karen Lynch - K_lynch179@yahoo.com
 (585) 766-8618

Name _____ Date _____

Address _____ Phone _____

E-Mail address _____

Child's Name	Teacher	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Parents cannot volunteer for their child's teacher or grade level

_____ **Classroom Volunteers** (weekly commitment- 1-2 days or 1-2 hours a week) assists teacher with various duties (photo copying, filing, classroom materials preparation)

_____ **Library** - Help with various duties (inc. sorting/shelving books)

_____ **Home projects** - Anything that can be done at home (Material preparation, cutting, folding)

_____ **Other areas** - various entertainment areas, taking photos during school events etc.

Days available _____

Hours available _____

Please include additional information, any special talents you may have, or Teacher Preferences below:

References: (please provide two) (if Gates Chili School District staff, only name and title are needed)

Reference Name	Phone	Email	Title/Relationship

To be completed by Gates Chili School District staff:

This individual's ID scanned into the Visitor Management System on ___ / ___ / ___ by _____.

Application reviewed by _____ on ___ / ___ / ___.

Get Involved...

If not you, who?

If not now, when?