



We're looking for...

# Volunteers

Please complete & return to ABC Learning Center

Parent Name: _____
Student Name: _____
Teacher Name: _____
Phone Number: _____
Email Address: _____
Address: _____

**I'd like to help with:**  
(circle choices)

Parties

Class Projects

School-wide Projects

Fundraising Events

Sharing Special Talents/Occupation  
Please list: \_\_\_\_\_

**Special Skills:**  
(circle choices)

Organization

Crafting/Decorating

Setup/Cleanup

Food Preparations

Other: \_\_\_\_\_

**I'm available to help on:**  
(circle choices)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Morning

Afternoon

