



STUDENT VOLUNTEER INFORMATION

NAME: _____

TEACHER: _____ GRADE: _____

AGE: _____ BIRTHDATE: _____

HOME PHONE NUMBER: _____

I WOULD LIKE TO VOLUNTEER ON THE FOLLOWING DAYS (check all that apply)

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DURING THIS TIME (check all that apply)

- BEFORE SCHOOL RECESS AFTER SCHOOL

HERE'S WHAT I WOULD LIKE TO HELP WITH (check all that apply)

- FOOD PREPARATION (MAKING TOAST, POURING MILK AND CEREAL, FLIPPING PANCAKES, ETC.)
 SERVING FOOD (HANDING FOOD TO STUDENTS, DELIVERING FOOD, ETC.)
 SET UP/CLEAN UP (TABLE SETTING, CLEARING DISHES, WIPING TABLES, ETC.)
 DECORATING (CREATING POSTERS, BULLETIN BOARDS AND MAKING THE ROOM LOOK NICE)
 ENTERTAINMENT (RUNNING ACTIVITIES, PLAYING MUSIC, ETC.)
 BREAKFAST COMMITTEE (MEET WITH ADULTS TO HELP MAKE MENU PLANS, BUDGET, ETC.)
 OTHER: _____

I'M EXCITED TO HELP AT BREAKFAST CLUB BECAUSE

TEACHER SIGNATURE: _____ PARENT SIGNATURE: _____

*Please return your completed form to: _____