



## Falls Valley Vipers Volunteer Application

Date:

Name:

Phone number:

Address:

E-mail:

Days available: (circle please)

Monday Tuesday Wednesday Thursday Friday All

Hours available: (circle please)

Morning (during school) Evening (after school) Both Varies

How often are you available?

Would you be willing to donate a snack for a Literacy event? (cookies, drinks, etc?)

Yes No

Are there any grades you would prefer to work with? (circle please)

K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> Any grade

Do you have any suggestions for some Literacy activities that your child would enjoy?

Preferred method to be contacted with: (circle please)

Phone E-mail Either

Please return to Falls Valley Office