VOLUNTEER INTEREST INVENTORY

Check each activity below you would like to participate in.

CSRA EOA, Inc. Head Start invites you as parents and guardians, to volunteer on a regular basis in the classroom or center.

Choose activities you wish to perform and place a check mark by of your choices. Print and sign your name, the date, the name of your child, your county, and center. Your child’s teacher/classroom staff will contact you to set up a time to volunteer.

Thank you kindly for your cooperation.

Would you like to:

1. [ ] Read a story to some of the children?
2. [ ] Teach or lead a song or some music activity?
3. [ ] Conduct an art activity?
4. [ ] Show some children how to use carpentry tools?
5. [ ] Show children how to use a guitar or other musical instrument?
6. [ ] Prepare and help serve snacks?
7. [ ] Hands-on classroom nutrition activities
8. [ ] Display a costume from another country or an ethnic group?
9. [ ] Assist classroom staff with planning a field trip for the children
10. [ ] Help make or prepare materials for the classroom or playground?
11. [ ] Share your hobby with the class? If so, what is it? ________________________
12. [ ] Play games with the children?
13. [ ] Take photographs of the children at special events with parental consent.
14. [ ] Choose library books for the classroom?
15. [ ] Prepare a class scrapbook?
16. [ ] Other: ________________________________________________________________

Parent’s Name: _______________________________ Date: _____________________________

Parent’s Signature: ____________________________

Child’s Name: _____________________________________________

County: _______________________________ Center: _______________________________

Please complete form with blue or black ink.