

## **North Stonington Christian Academy Volunteer Opportunities**

We would like to invite you to help us as a parent volunteer this year here at NSCA. Please indicate below the areas of service in which you have interest:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent helper in the classroom  | <input type="checkbox"/> Sharing in Chapel          |
| <input type="checkbox"/> Hot lunch server                | (Instrumentalist, Puppets, etc)                     |
| <input type="checkbox"/> Fund raising help               | <input type="checkbox"/> Office help as needed      |
| <input type="checkbox"/> Yearbook committee              | <input type="checkbox"/> Library helper             |
| <input type="checkbox"/> Field trip driver               | <input type="checkbox"/> Grounds, playground upkeep |
| <input type="checkbox"/> Field trip chaperone            | <input type="checkbox"/> Painting, repair work      |
| <input type="checkbox"/> Recess supervisor               | <input type="checkbox"/> Tutoring a child           |
| <input type="checkbox"/> Custodial work (cleaning, etc.) | <input type="checkbox"/> Other _____                |

Thank you for taking time to let us know what your interests are. You will be contacted in the near future with more information.

Parent: \_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Student's Name: \_\_\_\_\_

Class/Teacher: \_\_\_\_\_

\*\*For anyone who will be a regular helper in the classroom and all those who will be involved in handling food, we require a current TB test to be on file. Please include information below.

Parent Volunteer Name \_\_\_\_\_

TB Intradermal Test Results : \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

\*\*If you will be regularly involved in working directly with the children (classroom help, tutoring, music lessons, etc.), we also require a Declaration of Moral Integrity and Personal Reference form (attached) to be on file in the school office.