

ST. JOHN SCHOOL
VOLUNTEER FORM

All families are required to volunteer in one of these capacities throughout the school year. Please fill out and return to school as soon as possible but no later than July 31. Assignments are made on a first come basis. We need this as soon as possible as lunch begins the first day of school.

Volunteer Name: _____ Tel # _____

Your youngest child's name and grade:

Name	Grade	Name	Grade
_____	_____	_____	_____

**Check here if you cannot volunteer_____
(Non-volunteer fee of \$600 will be assessed through Smart Tuition)

Please check which volunteer service you wish to perform. (Please indicate the days you are available and your preference by writing 1-2-3.)

1) **LUNCHROOM MONITOR/AIDE-** To serve as a monitor in the lunchroom on any (1) of the 5 school days for a period of about 1 hour from 11:45 a.m. to 12:45 P.M.

Monday_____ Tuesday_____ Wednesday _____ Thursday _____ Friday _____

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2) **LUNCHROOM AIDE TO DISTRIBUTE FOOD-** To serve in the distribution of lunch on any (1) of the 5 school days for a period of about 1 hour from 11:45a.m. to 12:45 p.m.

Monday_____ Tuesday_____ Wednesday _____ Thursday_____Friday _____

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3) **PLAYGROUND MONITOR-** **Lunch** To assist the teacher on playground duty any (1) of the 5 school days for a period of about 1 hour from 11:45 a.m. This is outside duty and when weather is inclement it is held in the school.)

Monday_____ Tuesday_____ Wednesday _____ Thursday_____Friday _____

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4) PLAYGROUND MONITOR – Morning Duty. To assist the teacher on duty in the morning on any (1) of the 5 school days for a period of thirty minutes from 7:15-7:45 (Please indicate the days you are available and your preference by writing 1-2-3) This is outside duty and in the front hall on days when the weather is inclement.

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

5) KINDERGARTEN LUNCH ASSISTANT- To monitor the kindergarten children and assist with helping them with their lunch. Also, to monitor the kindergarten children as they go out for recess after lunch.

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

5) THURSDAY NIGHT BINGO VOLUNTEER- You would be needed usually once every five weeks for approximately 4 hours. Bingo is held in McCaffrey Hall. If Bingo is your choice please complete this section and you will be contacted by someone on the Bingo committee in the near future. Bingo is smoke free.

Yes, I am willing to help at Bingo.

Name_____ Phone_____

SAFE ENVIRONMENT BACKGROUND CHECK (please check one)

_____ I want to volunteer and need to perform the necessary Safe Environment Background check. If needed, you will be notified when the training will take place.

_____ I have already completed the necessary Safe Environment Background check.