

Williamsburg Parent Cooperative Preschool

VOLUNTEER CLASSROOM AIDE FORM

NAME: _____

ADDRESS: _____

AGE: _____

JOB TITLE: Volunteer Classroom Aide _____

DATE VOLUNTEERING BEGINS: _____

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

PHONE: _____

Please explain any known health issues that may affect your ability to volunteer in the classroom: _____

* Please submit two written character references (attached) for each person who will be volunteering as an aide in the classroom.