DAVINCI
ACADEMY OF SCIENCE & THE ARTS

PARENT VOLUNTEER REQUEST

Parent Name_____ Student Name_____

Spouse Name_____ Address_____

Preferred Phone Numbers : HOME_____ WORK_____

CELL 1_____ CELL 2_____

Email 1 _____

Email 2 _____

Preferred Form of Contact: _____Email _____Cell _____Text _____Home Phone (Best Time_____)

_____Work Phone (Best Time_____) _____US Mail (Snail Mail)

DaVinci Academy requests a minimum of 15 hours of volunteer work of both parents and students per year. Every year many parents put in many more than 15 hours, finding the DaVinci community irresistible. Your contributions enhance our students' school experience and environment. Please take a moment to let us know how best to accommodate your time and skill. We understand your time is valuable and your contributions are deeply appreciated.

____ Fall & Spring Service Days

____ Library Help (especially the first and last 2 weeks of school)

____ Substitute Teaching

____ Dance Preparation and Clean-up

____ Dance Chaperones

____ Field Trip Drivers/Supervisors

____ Front Office Help

____ Lunch Room

____ Saturday School Tutor

____ Graduation Committee & Party Chaperone

____ Major Fundraising Events (Varied Duties)

____ Student Mentor (one-on-one)

____ Classroom Aide

____ Summer Activities

____ Envelope Stuffing

____ Phone Tree

____ Additional Phone calls (Assistance for Teachers & Office)

____ Piano Accompanist for Music Classes

____ Student Production Help (Theater, Broadcasting)

____ Club Supervisor

DAY AVAILABILITY (Please Circle)

	MON	TUES	WED	THURS	FRI	SAT
Hours Available	_____	_____	_____	_____	_____	_____

Do you have a special skill or a community contact that could help in some way with donations, sponsorships, partnerships, or internships?

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