



# VOLUNTEER FORM

FULL NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

### I am interested in volunteering for the following types of activities at Haven Academy of Salina:

- Classroom Grandparent / Teacher Aide (Please check which classroom and school day you would prefer)
  - Classroom K-1
  - Classroom 2-3
  - Mondays 12:30PM – 3:30PM
  - Tuesdays 12:30PM – 3:30PM
  - Wednesdays 12:30PM – 3:30PM
  - Other: \_\_\_\_\_
  
- Elective Day Aide (Wednesdays 8:30AM – 3:30PM)
  
- Day Camp Teacher (Please select what you would be interested in teaching, along with any notes.)
  - History Segment: \_\_\_\_\_
  - Science Segment: \_\_\_\_\_
  - Art Segment: \_\_\_\_\_
  - Servant Leadership: \_\_\_\_\_
  - Language: \_\_\_\_\_
  - Community Helpers: \_\_\_\_\_
  - Life Skills: \_\_\_\_\_
  - Physical Education: \_\_\_\_\_
  
- Other Volunteer Opportunity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thank you for volunteering your time and services to the children of Haven Academy of Salina! The key to our success rests in volunteers like you, and we thank you for shining the light of Christ so brightly.**