

Parent Volunteer Form

Child Name		Start Date
Each family is expected to give a minimum Please sign in at the office on the volunteer		
Please indicate the way in which you can be	est contribute	as a member of our Little Flower Family.
☐ Plumbing services		
Electrical services		
Gardening services		
Painting services		
☐ IT services		
Culinary services		
Repairing equipment		
General cleaning		
Playing a musical instrument for the	children	
lacksquare Helping with paperwork in the offic	e	
Contributing boxes of Cereal (non s	ugar coated (and no cereals with nuts)
Xeroxing (please circle type)	COLOR	BLACK & WHITE
Other, please specify		
Date(s) and hours you are generally availa	ble	
Please fill out and return with registration p and talent to support Little Flower which wil		
I have read the above and agree to rende	r ten hours of	volunteer service to Little Flower.
Parent/Guardian signature		Date
Revised 2017/04		