



ST. JOHN'S SCHOOL

GUAM, USA

Volunteer Form

If you are interested in volunteering, please complete this form and return to school.
I would like to donate my time to St. John's School in the following ways:

___ Teacher Substitute

___ Playground Duty

___ Donor Solicitation

___ Parking Lot Duty

___ Photography / Videography

___ Student Store Assistance

___ Library Assistance

___ Golf Tournament Volunteer

___ Alumni Relations

___ Music Performance Assistance

___ Other: Please Specify: _____

Please check all the days you are available to volunteer.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Please check all the times you are available to volunteer.

___ Morning ___ Afternoon ___ Special Times (Specify: _____)

Student's Name: _____ Student's Grade: _____

Contact Number: _____ Email Address: _____

Parent's Printed Name

Parent Signature

Date