Name: _____________________ Phone: __________________
Email: ________________________

Circle the session to which this availability applies:

Fall Semester    Spring Semester    July & August

Beginning Date: ______________
Ending Date: ______________

Amy time between:

9:00 am – Noon:       M___ T ___ W ___ TH ___ F ___
Noon – 1:00 pm:        M___ T ___ W ___ TH ___ F ___
3:30 pm – 5:30 pm:     M___ T ___ W ___ TH ___ F ___

Do you have any full days available to substitute? __________________
Half Days? ___________________

Please read the Handbook before orientation at the Campus Pre-School & Early Childhood Center, Inc. and then sign and return this form to the office before your first day of volunteering.

I have received and read the Campus Pre-School & Early Childhood Center, Inc. Intern and Student Volunteer Handbook.

Name: ______________________________    Date: ______________
Signature: ____________________________________________