



Parents/guardians of \_\_\_\_\_

	Parent/Guardian	Parent/Guardian
First name		
Last name		
Street address		
City, State, Zip		
Home phone		
Cell phone		
Work phone		
Other phone		
E-mail address		
Preferred method of contact (circle one)	E-mail Home phone Cell phone Other	E-mail Home phone Cell phone Other
List child with this parent/guardian in First Parish directory?	Yes No	Yes No

**I could volunteer for . . .**

Co-teaching RE—my choice of teaching term is . . . (circle one)	Fall Winter Spring	Fall Winter Spring
Driving for field trips	Yes No Number of seatbelts in my vehicle: _____	Yes No Number of seatbelts in my vehicle: _____
Being a Coming of Age mentor	Yes No	Yes No
Being a Youth Group Advisor	Yes No	Yes No
Being a special guest in an RE class	Yes No	Yes No
Being a regular sub in RE class	Yes No	Yes No
Teaching OWL	Yes No	Yes No
Helping with the Youth Group service trip	Yes No	Yes No
Assisting with a One Room Sunday School	Yes No	Yes No
Doing a Time for All Ages	Yes No	Yes No

Use additional sheets if needed.

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM