



Byron Area Schools Volunteer Registration

Name: _____

Street: _____

Town: Zip: _____

Telephone: _____

Email: _____

Interests (Circle all that apply to your area of interest)

Library

Playground

Office

Pre School

Classroom

Child Care

Lunchroom

Other: _____

Special Skills (e.g. art, music, computer, etc) _____

Availability (Circle all that apply)

Morning

Afternoon

Evening

Anytime

Schedule Preference (Circle all that apply)

Regular

Substitute

Every Day

Occasionally

Any Other Information: _____
