

Central Oklahoma Alliance of Christian Homeschoolers
(aka C.O.A.C.H.)

VOLUNTEER FORM
(1 form per family)

Parent/Guardian: _____

Student(s) Name: _____

Address: _____ City, Zip: _____

Home Phone: _____ Cell/Pager: _____ Work: _____

Children (& ages) of other children at home

Place an "X" in the best time for you to fulfill your volunteering requirement at **C.O.A.C.H.:**

CLASS TIMES	1st Thursday	2nd Thursday	3rd Thursday	4th Thursday	5th Thursday
A.M.					
LUNCH	APPOINTED POSITION, NOT AVAILABLE FOR SIGN-UP				
P.M.					
CLEAN-UP					

Sometimes a family has unusual, extenuating circumstances (such as a handicapped child at home or a new baby that is on the way or just recently delivered) which make it impossible to meet the regular volunteer requirements for their family. If so, please describe

In what other ways might you or your family be able to volunteer your time and talents:

