



## TEACHER VOLUNTEER SURVEY

(school letterhead)

### How Could a Volunteer Help You?

Name: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this survey. You may wish to describe activities not listed here.  
This information will be used to match potential volunteers to your specific needs.

I do **not** wish to use volunteers in any capacity

**I need someone who would be willing to:**

- perform fundraising activities
- create classroom materials
- assist on classroom excursions
- create bulletin board displays
- read to students
- other

**Please check the time commitment that would be required:**

- every day
- once a week
- once a month
- other

Information on this form will be used for administrative purposes only.