

The Glen Montessori School
VOLUNTEER FORM

Please consider helping with the _____ as we make this day a special one.
 (event name)

Return or fax to: Luisa Trapizona
 Phone: 412-766-3815
 Fax: 412-766-3816

Name: _____

Phone: _____ Best Time to Reach You: _____

e-mail: _____

Classroom(s): _____

Please Circle all that apply:

<u>ELEMENTARY</u>	ELEMENTARY			
<u>PRIMARY</u>	AM or PM	KDG	MOD ALL DAY	ALL DAY
<u>TODDLER</u>	5 DAY	3 DAY	MODIFIED AD	ALL DAY
<u>INFANT</u>	2 DAY	3 DAY		ALL DAY

Please check where you can help and/or circle item you wish to donate:

Event Name _____ :

Elementary

	All donated items must arrive the day before the event

Primary

	All donated items must arrive the day before the event

Toddler

	All donated items must arrive the day before the event

Infant

	All donated items must arrive the day before the event