



Coop Volunteer Information

(Complete one for each family member involved in completing coop obligation)

Name: _____ Date: _____

Email: _____

Day Phone: _____ Evening Phone: _____

Address: _____

What is the best way for KP staff/members to reach you? _____

Please list any special skills/experience that you may be willing to share with KidsPark (for example: graphic design, grant writing, printing, substitute teaching, interior design, etc.)

Please list any skills/experience that you would like to gain volunteering at KidsPark (for example: graphic design, grant writing, printing, substitute teaching, interior design, etc.)

Are you interested in information about joining KidsPark Parent Advisory Committee (KPAC) and earning 6 free child care hours per month as a KPAC sub-team leader?

Yes No

If you are a registered nurse, public health nurse or physician, are you interested in earning 6 free child care hours per month to serve as a Health Care Consultant for KidsPark?

Yes No

May the teachers contact you if they need a parent helper on short notice?

Yes No

How/where did you find out about KidsPark? _____