

Co-op Work Requirement Interest Form

(Complete one for each family member involved in completing co-op requirement)

Name:	Date:
Email:	
Day Phone:	Evening Phone:
Address:	
What is the be	est way for KP staff/members to reach you?
-	y special skills/experience that you may be willing to share with KidsPark (for phic design, grant writing, printing, substitute teaching, interior design, etc.)
Please list any skills/experience that you would like to gain while being involved at KidsPark (for example: graphic design, grant writing, printing, substitute teaching, interior design, etc.)	
Are you intere	sted in information about joining KidsPark Parent Advisory Committee (KPAC)?
Yes	No
If you are a registered nurse, public health nurse or physician, are you interested in serving 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 di	d you find out about KidsPark?