

Summer Food Service Program at Woodward Elementary

Involvement Questionnaire

Name of Org./Group/Individual: _____

Contact Name: _____

Phone: _____ E-Mail: _____

ACTIVITY

We are interested in providing an activity:

- Sports
- Craft
- Education : _____
- Story time
- Teambuilding
- Music

We would like to volunteer:

- 2 times a month
- 1 time a month
- 1 time a summer
- As often as needed

Describe: _____

We are available:

- Monday Tuesday Wednesday Thursday Friday

FOOD PROGRAM

I would like to volunteer to help with the food program:

- I am available to help from 11:45am to 1:00 pm (Set-up and lunch)
- I am available to help from 12:00am to 1:15 pm (Lunch and break-down)
- I am available whenever you need me.

I am available:

- Monday Tuesday Wednesday Thursday Friday

I am unavailable: _____

I would like to volunteer:

- 1 time a week
- 2 times a month
- 1 time a month
- As often as needed

(Optional) We would like to volunteer as a group. Our group size is: _____

***Please return form to Robin Moore at robinmoore@actionforchildren.org
fax:740-833-1649 or call 740-833-1619.

A partnership between Andrews House,
Woodward Family Resource Center & Delaware City Schools

Supported by the Delaware Community for the Delaware Community