



## VOLUNTEER

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Special requests \_\_\_\_\_  
(Special student, school, etc.)

I will give 25 minutes from 8:00 am to 8:25 am on (please select a day):

- Monday
- Tuesday
- Wednesday
- Thursday

Please call/return form to the school in which you wish to mentor:

Monica Hill, Washington Elementary – 1<sup>st</sup> Grade, 701 Barnes, 580.327.3518

Sarah Green, Longfellow Elementary – 2<sup>nd</sup> /3<sup>rd</sup> Grade, 19 W. Barnes, 580.327.3327

Cheryl Adrian, Lincoln Elementary – 4<sup>th</sup>/5<sup>th</sup> Grade, 1540 Davis, 580.327.3008