State of Illinois
Department of Human Services - Illinois Migrant and Seasonal Head Start Project

Parent Volunteer Checklist

(Optional)

Delegate Agency: _____

Parent's Name: _____ Child/ren's Name: _____

Check center activities in which you would like to volunteer:

_____Classroom (Example: read books to children)

_____Help prepare learning materials or bulletin board. At home _____ At the center _____

_____Help on field trips. Mom _____ Dad _____ Brother or Sister _____ Grandmother or Grandfather _____

_____Help teacher with cooking activities for children

_____Perform housekeeping duties

_____Supervise children on the playground

_____Repair toys or furniture

_____Help prepare the center's newsletter

_____Help train other parents on Policy Committee

_____Help take children to appointments

_____Participate in fund raisers

_____Service on the Parent Education Committee

_____Translate

_____Other activity not mentioned above _____

Are you going to need transportation to the center on the day/s you volunteer? ____Yes ____No

Can we call you if we need volunteers? ____Yes ____No Telephone number: _____

Parent's Signature: _____ Date: _____

Print Form Reset Form