Hampstead Hill Academy
Volunteer Registration Form
500 S. Linwood Avenue
Baltimore, MD 21224
(410) 396-9146

Name: _____ Date: _____
Last First

Address: _____
Street City, State, and Zip Code

Home Phone: _____Daytime Phone: _____ Cell: _____

Please Mark All that Apply ___ Parent ___Community Volunteer ___Student (Major _____

Expected Graduation Date _____ Are you retired? ___Yes ___ No

Do you have children attending Hampstead Hill Academy? ___Yes ___No

If so, what are the names and grades of your children?

_____

_____

Describe any Previous Volunteer Experience: _____

_____

Type of Volunteer Work Preferred: (mark all that apply)

___Assist in classroom ___ Clerical work ___Work in library ___Lunch duty

___Assist in academic areas: Math: ___ Science: ___ Reading: ___ English as a Second Language (ESL): ___

___Speak to class on my specialty, which is: _____

___ Other: _____

Preferred School Placement and Grade Level: _____

Times Available: Please indicate day and time you can spend in school. Example: 9 AM – 11 AM

Monday _____ Tuesday _____Wednesday _____

Thursday _____Friday_____

___ On-Call (Temporary help to be arranged when needed)

Signature: _____