

# SCHOOL VOLUNTEER SERVICE FORM

Windsor Academy  
4150 Jones Road  
Macon, Georgia 31216  
Phone: 781-1621 Fax: 781-0757

Name: \_\_\_\_\_ Child/Grade \_\_\_\_\_

Area of Volunteer Service: \_\_\_\_\_

Contact person: \_\_\_\_\_

Description of Duties/Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Service Log


May we contact you with future opportunities for volunteer service?      Yes      No

Signature of contact person: \_\_\_\_\_ Phone: \_\_\_\_\_