



## PARKING LOT VOLUNTEERS

Parent's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Classroom: \_\_\_\_\_

I, \_\_\_\_\_, would like to volunteer as a Parking Lot Volunteer for Monticello Academy for the 2014-2015 school year. Being a Parking Lot Volunteers, I understand my responsibilities are:

1. Greet parents and students.
2. Ensure that students enter the school safely and on-time.
3. Commitment is from 8:00AM - 8:30AM for the days you sign-up for.
4. If you are absent any scheduled days, 1 hour notification is required.
5. Please call if you are running late.
6. Notify office of any driving violations in the school parking lot.

**\*Please return form to the front office prior to the first day of school. Parking lot monitoring will begin on the first day of school.**