

**FAMILY RESOURCE AGENCY OF NORTH GEORGIA
HEAD START/EARLY HEAD START/PRE-K**

PRENATAL VOLUNTEER INTEREST SURVEY

Name of

Prenatal Client _____ Date _____

Please mark all items below for which you would like to volunteer:

CLASSROOM ACTIVITIES

- ___ Reading books/Storytelling
- ___ Assist during free play activities
- ___ Assist in planning activities for small group times
- ___ Assist with hygiene activities (toothbrushing, handwashing, etc.)
- ___ Share special talents (cooking, singing, ethnic activities, etc.)
- ___ Plan and assist with art activities
- ___ Assist with special needs of children
- ___ Other _____

OUTSIDE CLASSROOM ACTIVITIES

- ___ Monitor playground to assure safety of children
- ___ Share special games with children on the playground
- ___ Other _____

HOME ACTIVITIES

- ___ Prepare art activities for classroom use
- ___ Other _____

LANGUAGE

Primary language spoken in the home _____

Are there any family members who speak more than one language? _____

Who? _____

What language? _____

Volunteer Signature _____ Phone No. _____