



SMART START OF BRUNSWICK COUNTY VOLUNTEER FORM

First Name: _____ Last Name: _____

Email: _____

Phone: _____

Address: _____ City/Zip Code: _____

Type of Volunteer: Individual Small Group (10 or fewer) Large Group (11 or more)

If you are inquiring on behalf of a group, please provide the following information:

Name of Group: _____ Name of Project Lead: _____

Please share the types of projects you are interested in as an individual volunteer or as part of a group:

Kindergarten Packet Assembly

Assembly Delivering

Little Free Library Book-Sharing Boxes

Labeling books Delivering books

High Five Appreciation Baskets

Donating materials Assembly of baskets Delivering baskets

BLOCK Fest[®]

Set Up and Clean Up Play Facilitator

Share Your Talents with Kaleidoscope Play & Learn Families

Instrument Puppetry Art Dance Storyteller

Other _____

Thank You for Your Interest in Smart Start of Brunswick County!

Please return the form to Krista Campana

email: kcampana@smartstartbrunswick.org or mail: 5140 Sellers St. Shallotte, NC 28470