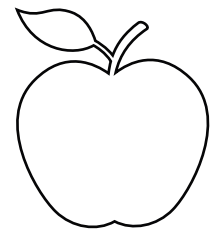


Lunch Duty



NAME: _____

Names & Grades of Child/Children or Grandchild/
Grandchildren: _____

Home # _____ Cell #: _____

Email Address: _____

Preferred Day: _____

2nd Choice: _____

Substitute only & Days /dates available: _____

* If you are only available for certain dates, please enter dates available. If you're available, every Tuesday, for example, please indicate that above.

Additional Info: _____

LUNCH DUTY TIME: 1st LUNCH (K-2) - 11:01-11:41 _____
2023-2024 2ND LUNCH (3-5) - 11:43-12:23 _____
3RD LUNCH (6, 7 & 8) 12:25 -1:05 _____

Please check time above for the lunch periods you are available. We'd love if you will volunteer for more than one lunch period. Thank you.

DATE VIRTUS TRAINED: _____ **LOCATION:** _____

CERTIFICATE RECEIVED*: _____ * for office use only

DATE BACKGROUND CHECK & CODE OF CONDUCT FILLED OUT & RETURNED:
(online through VIRTUS) _____

Thank you for volunteering for lunch duty. We appreciate and count on your help. Please fill out this form and return to the main office. Please call the office @516-938-3846 Ext. 329 if you have any questions. Thank you very much.