



FAMILY VOLUNTEER INFORMATION

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOW WOULD YOU LIKE TO HELP? (please check all that apply)

Times I can help:

during the school day, after school, or on weekends

Areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Boards | <input type="checkbox"/> PTL |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> SCRIP |
| <input type="checkbox"/> End of School Year Picnic | <input type="checkbox"/> Spirit Tournament |
| <input type="checkbox"/> Event Snacks | <input type="checkbox"/> Teacher Helper |
| <input type="checkbox"/> Library/Reading | <input type="checkbox"/> Track and Field Day |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Race for Education |
| <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Room Parent |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Other _____ |