**Elizabeth Traditional Elementary School 2016-17**

**Volunteer Interest Form**

**Please complete, PRINT OUT 2 copies, return 1 copy to school and retain 1 for your records. You may also download or scan and email to memberoutreachpta@gmail.com**

* Name\*

First Last

* Email\*



* Home Phone



* Cell Phone (optional)



* **Volunteer Opportunities**
* Please select your Volunteer Preferences:
	+  Communications
	+  School Beautification
	+  Fundraising
	+  Website
	+  Email Communications
	+  Teacher Appreciation
	+  Family Dance
	+  Student Directory
	+  Spirit Wear
	+  Parent Nights
	+  Restaurant Nights
	+  Extravaganzas
	+  Marketing
	+  Thankful Thursdays
	+  Field Day
	+  Reflections
	+  A General Volunteer (not listed above)
	+  Book Fair
	+  Ticket Sales
* Name of child’s teacher (only one is required if you have multiple students):
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Child’s name (same as in class above)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are willing to chair a committee or event? Which one(s)? Do you have any additional comments?
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Need help?

Please contact us at memberoutreachpta@gmail.com or call the school at 980-343-5475