**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](mailto:memberoutreachpta@gmail.com) or call the school at 980-343-5475