

PTO VOLUNTEER FORM

Contact Information

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|------------------------|--|
| Parent Name | |
| Student Name and Grade | |
| Parent Phone | |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
 Events
 Field work
 Fundraising
 Documents production
 Volunteer coordination
 Other: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Thank you for completing this application form and for your interest in volunteering with the PTO