



VOLUNTEER SIGN-UP Form

PLEASE COMPLETE ALL APPROPRIATE AREAS AND RETURN TO SCHOOL BY **THURSDAY, SEPTEMBER 3rd**. (Attn: PTA/Volunteers)
RECOMMENDED VOLUNTEER ORIENTATION will be held September 9th and 10th

Volunteer Name: _____ Phone #: _____

Email: _____

I. Team Volunteering (Please specify: Volunteer Room or Classroom)

Child's Name	Teacher	Grade	Preferred Day	Time-In	Time-Out	Frequency*
1.			(1) (2) (3)			
2.			(1) (2) (3)			
3.			(1) (2) (3)			

II. Reading Buddies or Math Buddies

Child's Name	Teacher	Grade	Preferred Day	Time-In	Time-Out	Frequency*
1.			(1) (2) (3)			
2.			(1) (2) (3)			
3.			(1) (2) (3)			

III. Specials (Art, Media Center)

Child's Name	Child's Teacher/ Specials Area	Grade	Preferred Day	Time- In	Time- Out	Frequency*
1.			(1) (2) (3)			
2.			(1) (2) (3)			
3.			(1) (2) (3)			

*Frequency – please specify “weekly” or “bi-weekly” (this refers to every other week. We will alternate starting dates for more than one child) or “monthly”

Do you need to coordinate your schedule with another volunteer? If so, who:

Please check if applicable:

- I am willing to do volunteer work at home (ex. cutting, assembling projects or teaching materials). Names will be provided to the Team Lead.
- I cannot volunteer on a regular basis but am willing to be contacted by various PTA committees when volunteers are needed throughout the year.
- I give permission for my email to be shared among other PTA committees so that I can be contacted if volunteers are needed throughout the year.
- I am interested in heading up or assisting with a before or after school club.
- I am interested in assisting with Bake Sales, Chorus Concerts, Evening of the Arts, Family Activities, Field Day, Jump Rope for Heart, Reflections Program (Please circle any of interest)

If you have any questions or concerns about the volunteer program or this paperwork, please contact PTA Volunteer Coordinators, via email at **volunteers@trespta.org**.