

TWIN RIDGE ELEMENTARY SCHOOL PTA VOLUNTEER SIGN-UP FORM

PLEASE RETURN AT VOLUNTEER TRAINING OR BY THURSDAY, SEPTEMBER 14th
(Teachers: Attention PTA/Volunteers)

Volunteer Name: _____

Phone #: _____ Email: _____

Child(rens) Name and Teacher/Grade: _____

I am interested in the following volunteer opportunities: (See page one for descriptions)

1. TEAM/GRADE NON-CLASSROOM

a) I would like to prepare Thursday Folders for:

 ___ The following teacher(s): _____ **OR**

 ___ The following Grade(s): _____ **OR**

 ___ Wherever there is a need

b) I would like to prepare materials for class for:

 ___ The following teacher(s): _____ **OR**

 ___ The following Grade(s): _____ **OR**

 ___ Wherever there is a need

 ___ I am available to prepare materials at home

 2. TEAM/GRADE IN-CLASSROOM (Please refer to the In-Classroom Volunteering Times listed on page 2 and provide the following information in order of preference)

Teacher/Grade	Day(s) of the Week (Monday-Friday)	Times	Frequency (weekly, bi-weekly, Monthly)
1.			
2.			
3.			
4.			

3. BOOKROOM

Day(s) of the Week (Monday-Friday)	Times	Frequency (weekly, bi-weekly, Monthly)

VOLUNTEER NAME: _____

___ 4. READING BUDDIES

I would like to be a Reading Buddy wherever there is a need and I am available:

Day(s) of the Week (Monday-Friday)	Times	Frequency (once a week/twice a week)

___ 5. MATH BUDDIES

I would like to be a Math Buddy wherever there is a need and I am available:

Day(s) of the Week (Monday-Friday)	Times	Frequency (once a week/twice a week)

___ 6. SPECIALS

I would like to help out with special events such as Chorus Concerts, Evening of the Arts, Field Day, Jump Rope for Heart.

___ 7. MEDIA CENTER

I would like to volunteer in the Media Center and am available:

Day(s) of the Week (Monday-Friday)	Times	Frequency (weekly, bi-weekly, Monthly)	Volunteer Activity (Shelve Books, Work on Displays)

___ I give permission for my email to be shared with other PTA committees for volunteer opportunities.

___ I am interested in heading up or assisting with a before or after school club.

___ I am interested in Co-Chairing the before or after school clubs program.

___ I am interested in babysitting or having someone babysit for me while they/I volunteer in the school.

I plan to attend the volunteer training on:

___ **September 12th at 9:00am**

OR

___ **September 13th at 6:00pm**

If you have any questions or concerns about the volunteer program or this paperwork, please contact PTA Volunteer Coordinator, **Michele Jaeb at (301) 829-0741.**