



Parent Association Family Volunteer Opportunities Form

Name: _____

Student's Name/grade: _____

Email: _____

Phone #/ Best time to call: _____

* See reverse side for full descriptions

- | | |
|---|--|
| <input type="checkbox"/> Ambassadors' Committee | <input type="checkbox"/> Host Family Volunteer |
| <input type="checkbox"/> Annual Fund Committee | <input type="checkbox"/> Middle School Committee |
| <input type="checkbox"/> Wine Dinner/Auction | <input type="checkbox"/> Newsletter/Social Media |
| <input type="checkbox"/> Grade Level Rep _____ | <input type="checkbox"/> Staff Appreciation Week |

We'd like to get to know you! Tell us about any interests, skills, talents, passion or areas of expertise you'd like to share with the school community.
