**Central Montessori Elementary Parent Volunteer Form**

***Our school needs you!***

**PTSA’s commitment to you:**

* We will do everything we can to enhance the school experience for all of our kids
* We will listen to all ideas and keep you informed (monthly meetings & communications )
* We will value all contributions from anyone who’s willing to help
* We will respect your time

**What we ask in return:**

* Share your ideas, opinions and talents (Join us!!!)
* Attend meetings
* Support your kid’s involvement in monthly meetings and activities
* Commit to a minimum of 4 hours this school year (outside of monthly meetings)

Please check items on the list below to indicate ways you would be willing to become involved. This data will be gathered and compiled by the PTSA and shared with teachers.

*\_\_ I'll help any way I can!*

*Regular Opportunities*

*\_\_ Assist the teachers (check all that apply):*

*\_\_ in the classroom or special projects within school*

 *\_\_ class projects at home*

 *\_\_ chaperone field trips, events, etc.(have background check completed)*

*\_\_ School Sign Updates (outside school)*

***Special Events***

*\_\_ Art Adventure helpers (early fall 2017) \_\_ Teacher Meals For Conferences*

*\_\_ Scholastic Book Fair – Fall and/or Spring \_\_ Gingerbread House Set Up (Dec )*

*\_\_ STEM Outreach (timing TBD & at Family Fun Day) \_\_ Family Fun Nights (Bi-Monthly)*

*\_\_ Arts & Academic Expo (Spring 2018) \_\_ Poinsettia Fundraiser (Nov )*

*\_\_ Family Fun Day (spring 2018) \_\_ Walk-a-thon (time to be decided)*

*Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone (h)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*□ *(c)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* □

*Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*□

Please check box next to preferred form of contact from PTSA

*Name(s) of child(ren) & their teacher(s)* ***(Only one form needed per Volunteer****)*

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*\** ***PTSA KICKOFF meeting is Thursday, September 14, 6:30-7:30pm***