

TPA Volunteer Requests

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PLEASE READ, COMPLETE, AND RETURN
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Child(ren) Name(s) & Grade Level: _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Please Check Those that Apply:

_____ I will be a room parent coordinator.

_____ I will be a room parent for grade _____.

_____ I will **help** with one classroom party for grade _____.

(Circle one or more)

Christmas, Valentine's Day, End of the Year Picnic

(Circle one or more)

Treats; Paper products; Drinks; Games

_____ I will **help** with Market Day one Saturday morning.

_____	Sept.	_____	Oct.
_____	Nov.	_____	Dec.
_____	Jan.	_____	Feb.
_____	Mar.	_____	Apr.
_____	May	_____	June

_____ I will **help** with the Sock Hop (Feb/Mar)

_____ I will **attend** TPA meetings/(1st Tuesday of each month @ 6:30 p.m.)

_____ I will **help** with the Fundraiser (Oct)

_____ I will **assist** with Art Fair preparation. (Mar/Apr)

_____ I will **help** at the Book Fair (Mar/Apr)

_____ I will **help** deliver refreshments for TPA functions

_____ I will **assist** TPA with Teacher Appreciation activities

_____ I will **attend** School Board Meetings as they are scheduled.