



Memorial Elementary School

2016-2017 Volunteer Program

Due: Friday 9/9/16

If you would like to volunteer within Memorial, this form must be completed and returned. A new form is required each school year.

Name: _____ Contact Phone: _____

Email (please print clearly): _____

Child's Name: _____ Grade/Teacher: _____

Child's Name: _____ Grade/Teacher: _____

Child's Name: _____ Grade/Teacher: _____

If you are interested in being a ROOM PARENT, please specify which classroom teacher:

Please note that room parents may only be assigned in one room to maximize volunteering opportunities. Room parents are selected by the teacher.

Volunteer Opportunities: Check all areas of interest below. Please see attached for descriptions.

- | | |
|---|---------------------------------|
| _____ Bake r' Buy | _____ Lost & Found |
| _____ Barnes & Noble Days | _____ Lunch/Recess Helper |
| _____ B.E.S.T. & M&SIC | _____ Math Superstars |
| _____ Book Fair Fundraisers | _____ Nurse Helper |
| _____ Clerical Work | _____ PE Helper |
| _____ Gift Card Fundraiser | _____ Room Parent (See above) |
| _____ Gift Wrap Fundraiser | _____ School Community Nights |
| _____ Grandparents'/Senior Friend Day | _____ Ski & Skate Fundraiser |
| _____ It's a GAS! (Great Artist Series) | _____ Spring Fling |
| _____ Library Helper | _____ Teacher Appreciation Week |

Confidentiality Agreement

I acknowledge the confidential nature of my role as volunteer, and agree to refrain from discussing the performance or actions of any student, positive or negative with any person except the student's teacher, counselor, or principal. This agreement includes the misuse of email and other contact information for anything other than PTG specific purposes. I also understand that volunteer opportunities will be discontinued should any issues arise.

Volunteer's Signature

Date: