

Adult Involvement Information Form*

Student's Name: _____ Home Phone: _____

Volunteer Name: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

E-mail Address: _____

Volunteer Name: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

E-mail address: _____

Please initial all the opportunities that you would be willing to help with when needed.

____ I would like to help **in the classroom** during school hours.

____ I would like to help teachers **outside of the classroom**.

____ I would like to help **chaperone field trips and/or evening events**.

____ I would like to help on the following committee(s):

____ **Fundraising**

____ **Fall Tromp (October)**

____ **Spring Tromp (April)**

____ **8th Grade Day (end of school)**

____ **Ice Cream Social (first of school)**

____ **Directory (first of school)**

____ **Hospitality**

____ **Reflections (art contest)**

____ **Communications (website design & mtnce, newsletter article & photos)**

____ **Micro Society Mentor**

____ **Micro Mania Night (November)**

____ **Foundation Golf Tourn. (Spring)**

____ **TIPS (immersion programs)**

____ I would like to help by _____

Please return form to the PTSA Box in the office

Thank you for sharing your time and talents with our kids!

*Any information provided will only be used by the Thoreau PTSA Volunteer Committee to assist in serving the school.