



DCCE PTA VOLUNTEER INFORMATION

Name: _____ Phone: _____
home cell email

Childs name _____ Teacher _____ Room _____

Childs name _____ Teacher _____ Room _____

Day(s) I can help: (check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours I can help: (check all that apply)

<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> At home	<input type="checkbox"/> At school
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Area(s) I prefer: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Assist in the Classroom | <input type="checkbox"/> Assist one child |
| <input type="checkbox"/> Assist in the Library | <input type="checkbox"/> Assist groups of children |
| <input type="checkbox"/> Assist in the cafeteria | <input type="checkbox"/> Chaperone field trips |
| <input type="checkbox"/> Assist with clerical chores from home | <input type="checkbox"/> Join a PTA Committee |
| <input type="checkbox"/> Assist with vision/hearing testing | <input type="checkbox"/> After school |
| <input type="checkbox"/> Assist with school pictures | <input type="checkbox"/> Assist with school pictures |
| <input type="checkbox"/> Assist as needed when available | |
| <input type="checkbox"/> Assist with special events (Book Fair, Santa shop, family nights, field day, etc.) | |

Tutorial Volunteer

Math Reading

Other areas of Interest: _____

Hobbies or talents you would like to share: _____

Join the 3 for me buzz. Can you volunteer just 3 hours to your schools PTA this year? This could be throughout the year or all done at one time.

Yes No

“Share the Buzz – Join the PTA and advocate for our children today!”