



# MCMS Parent Volunteers

Mom's Name: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Ok to text this number? \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

**Student #1**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Student #2**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Student #3**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**The Volunteer Opportunities We Are Most Interested In Are:**

- |  |  |
|--|--|
| <input type="checkbox"/> Scholastic Book Sale <sup>Oct</sup>         | <input type="checkbox"/> Family Fun Nights                     |
| <input type="checkbox"/> Booster Club (Sports)                       | <input type="checkbox"/> Cut Campbell Labels                   |
| <input type="checkbox"/> Plan 8 <sup>th</sup> Grade Field Trip 2015  | <input type="checkbox"/> Band/Choir Helper                     |
| <input type="checkbox"/> Plan 8 <sup>th</sup> Grade Field Trip 2016  | <input type="checkbox"/> Fundraising Pick-up <sup>Oct 27</sup> |
| <input type="checkbox"/> Plan 8 <sup>th</sup> Grade Field Trip 2017  | <input type="checkbox"/> Walk-A-Thon <sup>March</sup>          |
| <input type="checkbox"/> Parent Grade Rep                            | <input type="checkbox"/> Field Days <sup>May</sup>             |
| <input type="checkbox"/> Staff Appreciation <sup>Oct &amp; May</sup> | <input type="checkbox"/> School Store                          |
| <input type="checkbox"/> cePTA Board Member                          | <input type="checkbox"/> Chair an Event                        |
| <input type="checkbox"/> _____                                       |  |

***If Everyone does Something, No one has to do Everything.***

**Please return to MCMS Office**