



PTO VOLUNTEER FORM

Parent/Guardian's Name _____	Parent/Guardian's Name _____
Telephone _____	Telephone _____
Cell Phone _____	Cell Phone _____
Email Address (H) _____	Email Address (H) _____
Email Address (W) _____	Email Address (W) _____
Best way/time of day to be contacted: _____	Best way/time of day to be contacted: _____

Please Check all areas of interest and return the form to school with your child. For additional information and committee descriptions, please visit our website: www.springfieldmiddlepto.org.

COMMUNITY INVOLVEMENT

Beautification Community Outreach Cultural Arts Health and Wellness

FAMILY/STUDENT FUN

6th Grade Event 7th Grade Event 8th Grade Event

FUNDRAISING

Book Fair Grants Corporate Sponsorship

GoPlaySave (formerly Citipass) Shopping for Education (Box Tops, Grocery Store Links) Spirit Days Nights (Restaurants)

HOSPITALITY

8th Grade IGP's Career Day Geography Bee

8th Grade Promotion Faculty & Staff Appreciation Events Science Fair

MARKETING

PTO Newsletter Photography

VOLUNTEERING AT SCHOOL

Copying Library (re-shelving, filing, etc.) The Lounge Volunteer Coordinator

OTHER

If not mentioned above, please describe your interest(s) and/or special skill(s) that you wish to contribute to the PTO:
