

St. Joseph Catholic School Volunteer Form
School Year 2011-2012

Mother's Name	Father's Name
Email Address	Email Address
Home Phone	Home Phone
Wireless Phone	Wireless Phone
Preferred method of contact? (circle): Email, Home Phone, or Wireless Phone	Preferred method of contact? (circle): Email, Home Phone, or Wireless Phone
VIRTUS trained? (circle): Yes or No	VIRTUS trained? (circle): Yes or No
Interested in serving on a school advisory board committee? Yes or No If so, mark the committee(s) that interest you: __ Buildings and Grounds __ Development __ Strategic Planning __ Catholic Identity __ Governance __ School in the Community	Interested in serving on a school advisory board committee? Yes or No If so, mark the committee(s) that interest you: __ Buildings and Grounds __ Development __ Strategic Planning __ Catholic Identity __ Governance __ School in the Community
Check all events you would like to help with during school year:	Check all events you would like to help with during school year:
<input type="checkbox"/> Elves' Workshop Committee (Fall/Winter)	<input type="checkbox"/> Elves' Workshop Committee (Fall/Winter)
<input type="checkbox"/> Religious Activities Committee	<input type="checkbox"/> Religious Activities Committee
<input type="checkbox"/> Hospitality Committee (Baking/Meals)	<input type="checkbox"/> Hospitality Committee (Baking/Meals)
<input type="checkbox"/> Catholic Schools Week (January/February)	<input type="checkbox"/> Catholic Schools Week (January/February)
<input type="checkbox"/> March for St. Joseph (May)	<input type="checkbox"/> March for St. Joseph (May)

<input type="checkbox"/> Lunch Program	<input type="checkbox"/> Lunch Program

Grade	Student Name
Check all class activities you would like to help with during school year:	<input type="checkbox"/> Fall Festival
<input type="checkbox"/> All Saint's Day	<input type="checkbox"/> Valentine's Day
<input type="checkbox"/> Christmas	<input type="checkbox"/> End of Year
Are you interested in helping with the Gala project?	

Grade	Student Name
Check all class activities you would like to help with during school year:	<input type="checkbox"/> Fall Festival
<input type="checkbox"/> All Saint's Day	<input type="checkbox"/> Valentine's Day
<input type="checkbox"/> Christmas	<input type="checkbox"/> End of Year
Are you interested in helping with the Gala project?	

Grade	Student Name
Check all class activities you would like to help with during school year:	<input type="checkbox"/> Fall Festival
<input type="checkbox"/> All Saint's Day	<input type="checkbox"/> Valentine's Day
<input type="checkbox"/> Christmas	<input type="checkbox"/> End of Year
Are you interested in helping with the Gala project?	

Thank you for completing this form! We will pass this information along to the room parents so that they can be sure to include you when planning the activities you have chosen.