**Volunteer Interest Form**

Thank you for your interest in serving as a parent volunteer. We are excited to have you as a “Partner in Education.” **Please complete the following form (one per child) and return it to your child’s teacher as soon as possible.** *This form must be completed each school year.*  Please indicate how you would be willing to donate your time throughout the year. ***We can only contact you to help in the areas that you have indicated, so please check all that interests you.*** Your availability will be confirmed at that time.

NEISD requires DPS criminal history check on all school volunteers. All volunteers to NEISD are required to complete a Criminal History Record Check. These forms are available from your school office or online at [www.neisd.net](http://www.neisd.net) (follow the “Volunteers/Mentors” link).

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student name (first & last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_

Please Put a Check Next to the Program(s) you are Interested in Assisting:

ONCE (or twice) A YEAR ACTIVITIES:

\_\_\_\_ADEPT: Helping with Drug Awareness Week (fall)

\_\_\_\_ARTS IN EDUCATION: \_\_\_\_Reflections: National PTA program: help judge entries (fall)

 \_\_\_\_Young Masters: Judging and set up at Blossom (spring)

\_\_\_\_BIKE RODEO: Judging & assisting (fall)

\_\_\_\_GINGERBREAD SHOP: Assist students with holiday gift shopping (Dec.)

\_\_\_\_FUN RUN: Track number of laps students run (Jan.)

\_\_\_\_CARNIVAL: Help with anything from donating, planning, and day-of event activities (spring)

\_\_\_\_BOOK FAIR: Assisting with sales (fall & spring)

\_\_\_\_CLINIC: Helping with vision, hearing, dental, weight & measurement screenings (fall & spring) \_\_\_\_PICTURE DAY: Assisting with class line up, monies and appearance of students (fall & spring)

ONGOING ACTIVITIES:

\_\_\_\_ART APPRECIATION: Monthly PTA provided art lessons.

 Help with set-up, clean-up and assisting teachers and students

\_\_\_\_FACULTY APPRECIATION: Donating items for teacher luncheons and special occasions

\_\_\_\_LIBRARY: Shelving books, assisting students and classes

\_\_\_\_TEACHER READING ROOM: Check in and file books teachers have utilized

CLASSROOM HELP:

\_\_\_\_Yes, I would like to be a Homeroom Parent

\_\_\_\_I will be a Homeroom Parent if nobody else volunteers

\_\_\_\_I will be an Assistant Homeroom Parent (this person fills in when needed)

\_\_\_\_I will be a Homeroom Parent for another class if needed

\_\_\_\_I will make copies for the teacher

\_\_\_\_I can donate store bought items

\_\_\_\_I will help with craft projects

\_\_\_\_I will help with field trips

\_\_\_\_I will help with classroom projects

\_\_\_\_I will help with classroom parties

**\_\_\_\_\_\_You have permission to contact me as needed and I will help if I can**