



VOLUNTEER INTEREST FORM

CONTACT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Child(ren)'s Name(s) and Grade(s): _____

I am available: Mornings Afternoons Evenings I can do projects in my home I can help with projects at school

SKILLS AND INTERESTS

Please select all that apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Prefers working in a group |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Good with tools/handy | <input type="checkbox"/> Detail-oriented |
| <input type="checkbox"/> Graphic design | <input type="checkbox"/> Enjoys outdoor work | <input type="checkbox"/> Comfortable delegating |
| <input type="checkbox"/> Technology/IT | <input type="checkbox"/> Creative | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> Crafty |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sound/video production | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Prefers working independently | |

COMMITTEE INTEREST

Please select all that you are interested in and someone will be in touch to further discuss our needs:

- | | | |
|--|---|---|
| <input type="checkbox"/> Annual Fund | <input type="checkbox"/> Garden | <input type="checkbox"/> Missoula |
| <input type="checkbox"/> Auction - Chair | <input type="checkbox"/> Grounds/Beautification | <input type="checkbox"/> Scholastic Book Fair |
| <input type="checkbox"/> Auction - Committee | <input type="checkbox"/> Merchandise | <input type="checkbox"/> School Tours |
| <input type="checkbox"/> Corporate Sponsorship | <input type="checkbox"/> Membership | <input type="checkbox"/> Valentines Market |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Middle School Night | |

Other special skills or resources: _____

*Please return this form to the PTA Box in the main office or mail it to:
2500 East Fourth Ave, Denver, CO 80206*