



Please return this form to the PTA mailbox in the front office, or email to: [glenmountpta@gmail.com](mailto:glenmountpta@gmail.com)

# VOLUNTEER INTEREST FORM

## CONTACT INFORMATION:

Name:	
Phone:	
Email:	
Relationship to Student(s):	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other:
Student(s) Name/Grade/Teacher:	

## AVAILABILITY:

1. Please indicate your general availability for volunteering. Please check all boxes that apply.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

2. Any additional comments about your availability?

## SKILLS & EXPERIENCE:

3. Please place an X to indicate if you have any level of skill/experience in the areas below.

	X	Describe skills/experience
Computer Skills		
Graphic Design		
Database Design/Management		
Research (Library/Internet)		
Public Speaking		
Training/Staff Development		
Tutoring/Mentoring (Students)		
Accounting/Book Keeping		
Fundraising		
Writing/Editing		
Event Planning		
Organizational Skills		
Cooking/Baking		
People Skills		
Languages		
Landscape/Gardening		
Painting/Repair/Maintenance		

**4. OTHER: Any additional comments about your skills/experience?**

**VOLUNTEER ACTIVITIES:**

5. Please place an X to indicate if you are interested in learning more about the volunteer opportunities below.

	<b>X</b>	<b>Comments</b>
*Hallway/Neighborhood Greeters & Monitors*		
*PTA (Officer or Active/Committee Member)*		
Academic Planning		
Fundraising		
Publications/Newsletter		
Website/Social Media		
School Events & Field Trips		
Special Projects/Committees		
Phone Trees (to call families)		
Refreshments		
Leadership		
Bookkeeping/Accounting		
Minutes/Correspondence		
Classroom Volunteer/In-School Program Support		
After-School Program Support		
Community Outreach		
Translating		

**6. OTHER: Any additional comments about ways you and/or your students would like to get involved?**

**VOLUNTEER DISCLAIMER:**

I understand that I am expected to adhere to the volunteer regulations set for Baltimore City Public Schools.

Signature: \_\_\_\_\_

(type or initial)

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

Date: \_\_\_\_\_

**Thank you for being a part of the Glenmount Family!**