

# 2019-2020

## TCPS PTO VOLUNTEER FORM

NAME: \_\_\_\_\_

STUDENTS NAME(S): \_\_\_\_\_

TEACHER/GRADE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PREFERENCE: CALL / TEXT / EMAIL / FACEBOOK

IF YOU WOULD LIKE TO BE ADDED TO THE PRIVATE FACEBOOK GROUP "TCPS PTO" WHERE EVENTS AND NEEDS WILL BE POSTED FIRST, PLEASE PRINT YOUR NAME HOW IT IS PRESENTED ON FACEBOOK:

\_\_\_\_\_

**This form will be used to contact you throughout the year to help with activities that PTO will host. You will be required to fill out and return both this form and the volunteer form as well as a copy of your drivers license or state ID to be a part of PTO. Your ID will be used to perform a thorough background check. If you do not have a way to make a copy of your ID to send in with this form, please bring your ID to the front office of your child's school, where they can copy it for you. Please only fill out and return this form if you are interested in volunteering with the TCPS PTO. If you have any questions regarding PTO, please contact me through the Facebook group.**