

Friends of TCS Volunteer Form

Full Name (Middle initial required): _____

County of Residence: _____ Date of Birth: _____

Phone: Home _____ Cell _____

Email: _____

Please list names, grades and teachers of your children/grandchildren attending Troy Christian:

1. Have you previously volunteered at TCS? Yes No
Would you be interested in volunteering in the same area? Yes No
In which area did you previously volunteer?

2. Which of the following areas are you interested in volunteering this year?

Please circle all areas of interest that apply to you.

Classroom Helper: Grade _____ Teacher _____
Grade _____ Teacher _____
Grade _____ Teacher _____

Parties and Events: Classroom _____ Friday Fun Days _____ Pioneer Days _____ Where ever needed _____

After School Enrichment

Library

Hospitality/Event Service/Concessions

Workroom (making copies, bulletin board prep, general office work)

SCRIP helper

Are there other specific areas in which you have an interest or experience?

3. Please circle your desired level of service:

Daily Weekly Bi-weekly Monthly Special Events

Are there specific days/hours that you would NOT be available?

4. Would you know of any other TCS parent or grandparent that might be interested in volunteering at TCS?
Please provide the person's name and a contact number and/or email address where they may be contacted.

Please sign:

I understand that a background check will be completed on all Troy Christian volunteers. I understand that I will be contacted via email or telephone upon completion of the background check, at which time I am free to begin volunteering. I understand that I am responsible to check in at the front office upon entering the school.

Signature _____ Date _____