

PTA TIME AND TALENT VOLUNTEER FORM

Please check any activity in which you would like to participate:

PTA MEMBERSHIP

To join PTA, complete the PTA MEMBERSHIP form and return it to school with payment in an envelope marked "PTA MEMBERSHIP." We encourage all parents, grandparents, guardians, teachers, and staff to join the PTA.

TIME AND TALENT

PTA activities happen through your volunteer efforts. Please help us keep these activities available for our students by completing our TIME AND TALENT volunteer form.

NO TIME TO VOLUNTEER? CAN'T ATTEND MEETINGS?

We understand. Please consider checking the "ad hoc" help box and we will call you when we need help with projects that you can do on your own time.

HAVE A GREAT IDEA?

We're listening. Please let us know in the "questions/comments" section of the volunteer form or call Denise Fraioli at 384-0309

School Pictures

___ Assist with retakes 11/12

Staff Brunch (Fall)

___ Make/Donate Items

___ Server

Fundraiser (Fall)

___ Tally Fundraising Orders

___ Assist Pick up/ Distribution

Staff Luncheon (Spring)

___ Make/Donate Items

___ Server

Library Help (ongoing)

Availability: ___ AM ___ PM

___ M ___ Tu ___ W ___ Th ___ Fri

After School Event (such as board game night)

___ Help Plan ___ Chaperone

___ **PTA Publicity**

___ **PTA Event Photography**

Occasional ad hoc help

___ during the school day

___ other areas/other times

Dances (Winter, Spring)

Chaperone: ___ 12/4 ___ 5/7

Teen Town

___ Help Recruit Chaperones

Attend as Chaperone:

___ 10/30 Grade ___

___ 1/29 Grade ___

___ 2/26 Grade ___

___ 3/19 Grade ___

Name

Home Phone _____

Cell Phone _____

Preferred time to call _____

e-mail address:

Child(ren)'s grade(s): _____

Questions/comments: _____

PTA MEMBERSHIP FORM

Name of member 1:

Please check all that apply:

Parent / Guardian _____

Teacher/Staff _____

Male _____ Female _____

Name of member 2:

Please check all that apply:

Parent / Guardian _____

Teacher/Staff _____

Male _____ Female _____

Amount enclosed (\$5.00 per membership) \$ _____

*Please make checks payable to: **S-G MS PTA.***

Child: _____

Homeroom: _____

(Your membership card will be delivered to you through your middle school student).

Teachers / Staff members please indicate where you would like your membership card sent:

____ to my SGMS mailbox

____ C/O _____ at

SGMS

Please check the School Calendar and the weekly Parent/Guardian Newsletter for information about meetings and upcoming PTA events.

PTA LINKS

<http://www.nyspta.org/>

<http://www.pta.org/>

Scotia-Glenville PTA

Dear Parents and Friends,

The 2009-2010 Scotia-Glenville Middle School Parent Teacher Association invites you to become members and make a difference in the education and quality of life for all of our children.

The PTA realizes how important your children are to you and that you want the best for them. We can help you achieve that by bringing parents, school staff, students and the community together to share thoughts and ideas about programs and activities that benefit children. PTA is the largest volunteer child advocacy association in the nation.

At the middle school, the PTA has initiated or supported many programs and events to enrich the academic and social environment for the students. Please help us continue this important and rewarding work.

Sincerely,

Denise Fraioli
PTA President

Shari Keller
Principal