BJA Home & School Volunteer Form

Thank you for your interest in becoming a member of the BJA Home & School Association. Your involvement helps strengthen the partnership between families and our school while creating an exceptional educational experience for every student.

VOLUNTEER MEMBER INFORMATION

Parent/Guardian Name(s):
Student(s) Name(s):

Your Relationship To Student(s):
Grade(s):
Phone Number:
Email Address:

VOLUNTEER INTERESTS

I would like to help with:

- ☐ School Events and Programs.
- ☐ Fundraising Ideas and Activities.
- ☐ Classroom Support.
- ☐ Decorating.
- ☐ I am able to donate classroom supplies or materials.
- ☐ I am Interested in Chaperoning on Field Trips.
- ☐ I am available to come in and read to the class at least once this school year.
- ☐ Technology Support.
- ☐ Marketing & Cmmunications.
- ☐ Other:

VOLUNTEER AVAILABILITY

- ☐ Weekday Mornings
- ☐ Weekday Afternoons
- ☐ Evenings
- ☐ Weekends
- ☐ Occassionaly
- ☐ As Needed

DATE: