

De Soto Area School District Parent Volunteer/Interest Form

(Please Note, Full name with birthdate is required for background check)

Name: _____ Birthdate: _____
First Middle Initial Last

Address: _____

Phone Number where you can be reached: Home: _____ Work: _____

Cell: _____ Best time to call: _____

Student(s) in School: # in Prairie View _____ # in Stoddard _____ # in MS _____ # in HS _____

Name(s) & Grades: _____

I would like to be a guest speaker (Topic): _____

I would like to be a:

- ____ Library Assistant (filing & clerical assistance) ____ Office Assistant (Answering phone, filing)
____ Tutor Students (subject: _____) ____ Lunch/Hallway Supervision (Encourage positive behavior)
____ Chaperone (Dance, field trips, games, etc.) student behavior

I can volunteer:

____ Daily ____ Once a Week ____ Once a month ____ As needed basis ____ Evenings ____ Other

I would be interested in participating on one of the committees:

- ____ School Facilities ____ FAB (Families Against Bullying)
____ School Safety ____ PBIS (Positive Behavior Intervention Support/Systems)
____ PTO (Parent Teacher Organization (Elementary))

Parent/Community Support

Name: _____

Phone # _____

Check as many as you are interested in assisting with:

- ____ Monetary Donation
____ Scholarship
____ My business would be willing to give coupons/discounts for academic recognition.

If you are interested in being a parent volunteer, please return this form to the Main Office. Thank you for getting involved!

We need you!