



Clear Spring Middle School
Parent Information Form
VOLUNTEER

Name _____

Student's Name _____

Street Address _____

Home phone _____ Cell phone _____

Email address _____

Preferred method of contact:

- ☐ Email
- ☐ Text message
- ☐ Phone call to cell
- ☐ Phone call to home

Availability

Please check the days and times available for you.

- | | | |
|------------------------------------|---------|---------|
| <input type="checkbox"/> Monday | ____ AM | ____ PM |
| <input type="checkbox"/> Tuesday | ____ AM | ____ PM |
| <input type="checkbox"/> Wednesday | ____ AM | ____ PM |
| <input type="checkbox"/> Thursday | ____ AM | ____ PM |
| <input type="checkbox"/> Friday | ____ AM | ____ PM |

Specific areas of interest

Are there specific areas you would prefer helping in? Please check.

- ☐ Fundraisers
- ☐ MSA testing
- ☐ Student tutoring
- ☐ Incentive programs, such as PBIS
- ☐ End of Year Bash
- ☐ Chaperoning dances
- ☐ 8th grade dance
- ☐ Book fair