Hawthorne Elementary School
P.T.A. Volunteer Form

Student(s) Name: _____

Parent(s) Name: _____

Address: _____

Home Telephone #: _____ **Work Telephone #:** _____

Cell Phone #: _____ **Best Time to Call:** _____

E-mail address: _____

Student's Grade(s) [Circle]: K 1 2 3 4 5

I would prefer to help with (please check): Daytime Activities (8:00 a.m. to 3:00 p.m.)

After-school Activities (3:00 p.m. to 8:30 p.m.)

We are also looking for help with specific Activities. Please check the activities that are of interest to you.

_____ **Fall or Spring Picnic (set-up, clean-up, provide extra food, etc.)**

_____ **Fund Raiser (distribution of products and money collection at school)**

_____ **Fund Raiser (counting/recording/mailing Box Tops, Campbell's labels, milk caps, etc.)**

_____ **R.I.F (Reading Is Fundamental) 2 hour shifts during the day to help stamping books for students**

_____ **Family Night events (Science Night, Math Night, Movie Night)**

_____ **Teacher Appreciation Week (food, teacher support)**

_____ **Picture Day (escort classrooms)**

_____ **Hawthorne Endowment Committee (planning, donation collection, grant approvals)**

_____ **Hawthorne Endowment Spring Silent Auction (set-up, clean-up, monitoring auction, money collection)**

_____ **P.T.A. Board/Advisory Team**

_____ **Behind the Scenes Support (designing signs, making copies, etc.)**

_____ **Would like to become a voting member ($5.00 suggested membership)**

PLEASE NOTE THAT EACH INDIVIDUAL MUST REGISTER AS A MEMBER OF THE PTA, MEMBERSHIP IS NOT BY FAMILY

Return completed form to the PTA mailbox at school or return to:

Laura McDermott, Hawthorne PTA President 1506 Glacier Hill Drive, Madison, WI 53704