

# MEMBERSHIP FORM

## YOUR INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ OK to Text? YES \_\_\_\_\_ NO \_\_\_\_\_

Email Address: \_\_\_\_\_

Student #1: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #2: \_\_\_\_\_ Grade: \_\_\_\_\_

Student #3: \_\_\_\_\_ Grade: \_\_\_\_\_

## TELL US A LITTLE MORE

Have you been fingerprinted and had a background check? (Not Required to Volunteer) YES \_\_\_\_\_ NO \_\_\_\_\_

Will this be your first time volunteering with the Elgin PTC? YES \_\_\_\_\_ NO \_\_\_\_\_

## HOW ARE YOU INTERESTED IN GETTING INVOLVED?

### COMMUNICATION

- Text Updates
- Fundraiser
- Shopping
- Creating Flyers
- Event Setup/Cleanup
- No Preference

### EVENTS

- Classroom Help
- Family Movie Night
- Early Bird Coffee Hour
- Book Fair
- Honors Breakfast
- Bake Sale
- Fall Festival
- Spring Festival
- Middle School Dance
- Staff Appreciation Week
- End of Year Party
- No Preference

Are you able to commit to attending 1 meeting per month? YES \_\_\_\_\_ NO \_\_\_\_\_

What Skills/Expertise would you like to offer to the PTC?

*Thank you so much for your interest and support!*