



Saint James' Parent Association

Volunteer Opportunities

Please return this form to your child's teacher. Thanks for supporting SJES!

Parent Name: _____

Email: _____

Phone (home): _____ (cell) _____



Child's Name	Teacher	Class Days

**Are there any specific activities you would like to volunteer for? Please check all that apply.
(Dates are for reference only and are subject to change.)**

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Back to School Bingo (September) <input type="checkbox"/> Gala (Oct 7) <input type="checkbox"/> School Pictures (October) <input type="checkbox"/> Grand Friend Fall Festival (Oct 24-26) <input type="checkbox"/> Book Fair (Nov 29 – Dec 6) <input type="checkbox"/> Holiday Decorating (November) | <ul style="list-style-type: none"> <input type="checkbox"/> Breakfast with Dad (Feb 13-15) <input type="checkbox"/> Winter Bingo (February) <input type="checkbox"/> Love Your Teacher Week (March) <input type="checkbox"/> School Pictures (April) <input type="checkbox"/> Book Fair (April) <input type="checkbox"/> Preschool Field Day (April 24-26) |
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Recurring Roles:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Fall Festival Chairperson <input type="checkbox"/> Field Day Chairperson <input type="checkbox"/> Love Your Teacher Week Chairperson | <ul style="list-style-type: none"> <input type="checkbox"/> Bingo Night Chairperson <input type="checkbox"/> Spirit Night Coordinator <input type="checkbox"/> Box Top Coordinator <input type="checkbox"/> Spirit Wear Coordinator | <ul style="list-style-type: none"> <input type="checkbox"/> Monthly Service Project Coordinator <input type="checkbox"/> Room Parent |
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Other Areas of Support:

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Clerical <input type="checkbox"/> Carpentry <input type="checkbox"/> Gardening/Yard Work <input type="checkbox"/> Library Support | <ul style="list-style-type: none"> <input type="checkbox"/> Ironing/Sewing <input type="checkbox"/> Child Care <input type="checkbox"/> Fundraising <input type="checkbox"/> Kitchen Help | <ul style="list-style-type: none"> <input type="checkbox"/> Recess Monitor <input type="checkbox"/> Lunchroom Monitor <input type="checkbox"/> Other: _____ |
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Or would you be happy to help with any activity as long as it works with your schedule? Please circle times that are good for you and we will contact you when opportunities arise!

- | | | | |
|-------------------------------------|---------|--------|---------|
| <input type="checkbox"/> Monday: | morning | midday | evening |
| <input type="checkbox"/> Tuesday: | morning | midday | evening |
| <input type="checkbox"/> Wednesday: | morning | midday | evening |
| <input type="checkbox"/> Thursday: | morning | midday | evening |
| <input type="checkbox"/> Friday: | morning | midday | evening |
| <input type="checkbox"/> Saturday: | morning | midday | evening |