

SOMS Band Parent Volunteer Info

Please fill out and return to school ASAP.

Volunteer Name: _____

Volunteer's Phone Numbers: (Home) _____ (Cell) _____

Volunteer's email Address: _____

Student's Name: _____

Student's Grade: **6th** **7th** **8th** (please circle one)

Student's Instrument: _____

Area in which you would like to help:

Fundraiser

Daytime Chaperone

Evening Chaperone

Weekend Chaperone

Hauling Instruments

I will help in any area needed.

I cannot volunteer this year.

All volunteers must have a criminal background check on file with SOMS. Forms are available in the SOMS office. Volunteers will be contacted and given specific dates and times.