Pensacola High School

PTSA 2011-2012 Membership Application

www.phsptsa.com

Your Contact Information **Circle Your Role: Parent / Student /Teacher/Other**

Your Name		
Student Name (s)		Grade(s)
Street Address		
City ST ZIP Code		
Home Phone:		Work Phone:
Cell phone:		
E-Mail Address		

Thank you for joining! Please tell us about any special skills or interests you would like to share at PHS.

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Would you like show your TIGER Pride in one of these ways?

___Newsletter production (e.g. email, Fold, staple, label, and or sort for distribution)
___ Fundraising
___ Volunteer Coordination
___ School Events
___ Teacher Appreciation Events
___ Future board position

Availability - Which times are you available to volunteer?

Weekday or Weekend **_____ Mornings** **___ Afternoons** **___ Evenings**

_____ Or a single one time event

Before volunteering at the school, please submit an Escambia School District Volunteer form if one is not already on file for the current school year.

Signature	
Date	