

Saline Music Parents Volunteer Form

Parent Name(s): _____

Home Phone: _____ Cell/Work Phone: _____

Best time to call: morning afternoon evening work home cell

(Please circle all that apply)

Email Address: _____

1st Student's Name: _____ Grade Level: _____ Ensemble(s): _____

2nd Student's Name: _____ Grade Level: _____ Ensemble(s): _____

Type of work preferred: (Please circle all that apply)

Ushering Concerts

Videography

Photography

Webpage

Moving Equipment

Contacting Parents

Concessions

Newsletter

Car Wash

Data Entry

Carpentry

Nurse

Uniform Alterations

Uniform Fitting

Chaperone

Fundraising

Ice Cream Social

Chauffeurs License

Provide Truck

SMPA Officer

Other: _____

Please fill out and return to:

Saline Music Parents

PO Box 313

Saline, MI 48176

If you have a scanner, feel free to scan your completed form and email it to smp@provide.net