

EINSTEIN PARENT ORGANIZATION (EPO) – NORTH OLMSTED VOLUNTEER FORM

Volunteer Name: _____

Student Name & Grade: _____

Phone#: _____

Email: _____

I am interested in helping with the following:

- | | |
|--|--|
| <input type="checkbox"/> Anywhere I'm needed, just let me know! | <input type="checkbox"/> High School Dances |
| <input type="checkbox"/> Teacher conference dinners | <input type="checkbox"/> Class Color Shirts |
| <input type="checkbox"/> 4-7 th grade Valentine's Dance | <input type="checkbox"/> Raffle Baskets |
| <input type="checkbox"/> Fundraising events (various) | <input type="checkbox"/> Teacher Appreciation Week |
| <input type="checkbox"/> Uniform exchange | <input type="checkbox"/> Family Reception |
| <input type="checkbox"/> Spring Awards Show | |

Please share any ideas or suggestions you may have for the North Olmsted EPO!

Please return this form to the AEA North Olmsted office or to your homeroom teacher.

