



# YORK JR. High Volunteer Form

Parents Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*\*Please check all the areas below where you would like to volunteer\**

\_\_\_\_ School Supplies

\_\_\_\_ Color Run

\_\_\_\_ Spirit Nights

\_\_\_\_ Spring Fling Dance

\_\_\_\_ Staff Appreciation

\_\_\_\_ Breakfast of Champions

\_\_\_\_ A/B Honor Roll

\_\_\_\_ STAAR Snacks