

## *Room Parent/SHPFA Representative Questionnaire*

Child's name\_\_\_\_\_ Teacher\_\_\_\_\_

Parent's name\_\_\_\_\_ Phone #\_\_\_\_\_

Email Address\_\_\_\_\_

\_\_\_\_\_ I am interested in being a Room Parent

\_\_\_\_\_ I am interested in being a SHPFA Room Representative

If you cannot volunteer as a Room Parent or SHPFA Rep but would still like to help at other school events or functions, I am willing to help with the parties below. Please check any of the information below and Room Parent or SHPFA Rep will be in contact as the event gets closer.

\_\_\_\_\_ Halloween Party

\_\_\_\_\_ Spring Party

\_\_\_\_\_ Winter Party

\_\_\_\_\_ End of Year Party

\_\_\_\_\_ Valentines Party

I am willing to help by:

\_\_\_\_\_ Organizing a craft/game

\_\_\_\_\_ Providing Baked Good

\_\_\_\_\_ Providing other foods or paper goods

\_\_\_\_\_ Volunteering for SHPFA events/fundraisers